

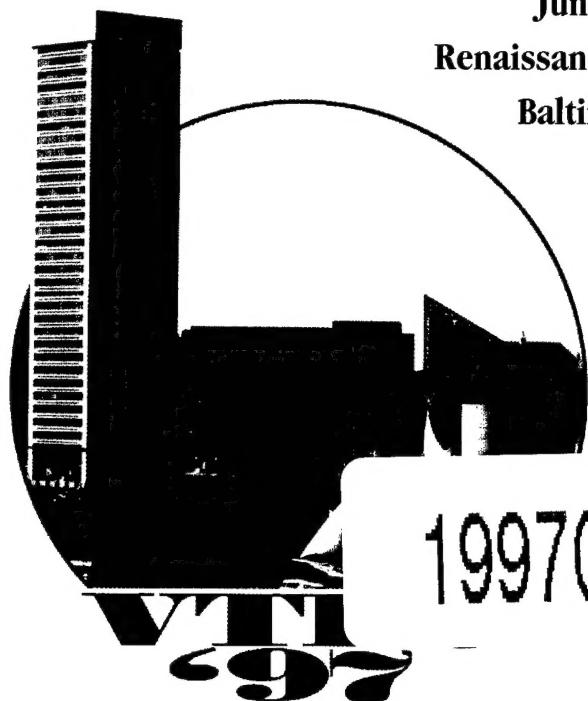
VTEC '97

3rd International Symposium
and Workshop on
Shiga Toxin (Verocytotoxin) – Producing *Escherichia Coli* Infections

DISTRIBUTION STATEMENT A

Approved for public release;
Distribution Unlimited

June 22–26, 1997
Renaissance Harborplace Hotel
Baltimore, Maryland
USA



19970818 017



under the auspices of the Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, Inc.

AD _____

GRANT NUMBER DAMD17-96-1-6308

TITLE: Third International Symposium of Shiga Toxin
(Verocytotoxin) - Producing Escherichia Coli Infections
(VTEC '97)

PRINCIPAL INVESTIGATOR: Alison O'Brien

CONTRACTING ORGANIZATION: Lois Joy Galler Foundation
Hemolytic Uremic Syndrome, Inc
Melville, New York 11747

REPORT DATE: October 1997

TYPE OF REPORT: Final Proceedings

~~DEO QUARTER TRACTED 4~~

PREPARED FOR: Commander
U.S. Army Medical Research and Materiel Command
Fort Detrick, Frederick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release;
distribution unlimited

The views, opinions and/or findings contained in this report are
those of the author(s) and should not be construed as an official
Department of the Army position, policy or decision unless so
designated by other documentation.

REPORT DOCUMENTATION PAGE

*Form Approved
OMB No. 0704-0188*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE October 1997	3. REPORT TYPE AND DATES COVERED Final Proceedings (16 Sep 96 - 15 Sep 97)	
4. TITLE AND SUBTITLE Third International Symposium of Shiga Toxin (Verocytotoxin) - Producing Escherichia Coli Infections (VTEC '97)		5. FUNDING NUMBERS DAMD17-96-1-6308	
6. AUTHOR(S) Alison O'Brien			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Lois Joy Galler Foundation Hemolytic Uremic Syndrome, Inc Melville, New York 11747		8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) Commander U.S. Army Medical Research and Materiel Command Fort Detrick, Frederick, Maryland 21702-5012		10. SPONSORING/MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES			
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for public release; distribution unlimited		12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200)			
14. SUBJECT TERMS		15. NUMBER OF PAGES 168	
		16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited

Table of Contents

<i>VTEC '97 Committees</i>	ii
<i>Introduction</i>	iii
<i>Letters from the Chairmen</i>	iv
<i>General Information</i>	vi
<i>Social Program</i>	vii
<i>Final Program for VTEC '97</i>	ix
<i>Abstracts</i>	1
<i>Session I</i>	1
<i>Session II</i>	27
<i>Session III</i>	45
<i>Session IV</i>	67
<i>Session V</i>	80
<i>Session VI</i>	93
<i>Session VII</i>	111
<i>Session VIII</i>	117
<i>Index of Authors</i>	123
<i>Addresses for Delegates</i>	127
<i>Notes</i>	152

VTEC '97 Committees

Executive Planning Committee (EPC)

Robert C. Galler
James B. Kaper, Ph.D.
Alison O'Brien, Ph.D.
Mohamed Karmali, M.D., M.B., Ch.B., F.R.C.P. (C)
Gerald Moore

International Advisory Board (IAB)

George Baljer, Germany	Gerald T. Keusch, USA
Alejandro Cravioto, Mexico	Leo Monnens, The Netherlands
Ralph A. Giannella, USA	Giuseppe Remuzzi, Italy
Antonio Goglio, Italy	Roy Robins-Browne, Australia
Carlton L. Gyles, Canada	Yoshifumi Takeda, Japan
Bernard S. Kaplan, USA	David Theno, USA

Scientific Program Committee (SPC)

James B. Kaper, USA	Mohamed A. Karmali, Canada
Alison D. O'Brien, USA	Clifford A. Lingwood, Canada
David W.K. Acheson, USA	Peter McLaine, Canada
James L. Brunton, Canada	Harley Moon, USA
Stephen Calderwood, USA	Tom Obrig, USA
Alfredo Caprioli, Italy	James C. Paton, Australia
Robert Clarke, Canada	Peter E. Rose, United Kingdom
Tom Cleary, USA	Kirsten Sandvig, Norway
Michael Doyle, USA	Philip Sherman, Canada
Patricia Griffin, USA	Richard Siegler, USA
Dale Hancock, USA	Henry R. Smith, United Kingdom
Jill Hollingsworth, USA	Phillip Tarr, USA
Matthew P. Jackson, USA	Mark Taylor, United Kingdom
Akemi Kai, Japan	Nicole Van de Kar, The Netherlands
Helge Karch, Germany	

Introduction

Dear Colleague,

It gives me great pleasure to welcome you to Baltimore and VTEC '97, the Third International Symposium and Workshop on Shiga Toxin (Verocytotoxin)-producing Escherichia coli infections.

During the decade between VTEC '87, held in Toronto, and this 3rd symposium in Baltimore, there has been an explosive growth of knowledge about Shiga Toxin (Verocytotoxin)-producing Escherichia coli (VTEC). At the same time there has been a worrisome increase in the incidence and impact of infections due to these organisms throughout the world. The major recent outbreaks in Japan, Germany and the western United States are cases in point. A lot of work remains to be done to control, manage and ultimately prevent the human suffering associated with this emerging infectious disease.

The VTEC Symposium series was designed to provide a multidisciplinary forum for exchanging information, disseminating new knowledge, and highlighting state-of-the-art scientific advances in this rapidly evolving field. This core element of the Symposium remains intact in VTEC '97 as does the striving to achieve synthesis between art, science, humanity and good fellowship, a mission for the Symposium that became so firmly entrenched during the outstanding VTEC '94 meeting in Bergamo.

I wish to acknowledge the Co-chairmen of VTEC '97, Mr. Robert C. Galler without whose drive, dedication, and leadership, VTEC '97 would not have got off the ground, and Dr. James B. Kaper who has been committed to providing delegates with the best hospitality his home town of Baltimore can offer. In addition, Jim and Dr. Alison O'Brien have put together an outstanding Scientific Program.

As was the case at VTEC '87 and VTEC '94 we are pleased to see a wide array of disciplines represented at VTEC '97—pediatrics, nephrologists, hematologists, gastroenterologists, microbiologists, internists, veterinarians, food scientists, public health experts, biochemists, immunologists, molecular biologists, and many others.

Welcome to Baltimore! I hope you enjoy VTEC '97!

Mohamed A. Karmali
Chairman Emeritus, VTEC '97

Letters from the Chairmen

Dear Attendees,

Welcome to VTEC '97! The Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, Inc. is proud to be part of the Third International Symposium and Workshop on Shiga Toxin (Verocytotoxin)-Producing *Escherichia coli* Infections. VTEC '97 brings together experts from around the world that will gather to share and discuss topics and issues of utmost importance. The Scientific Program Committee, chaired by Drs. James B. Kaper and Alison O'Brien, has prepared an outstanding program for you!

The Lois Joy Galler Foundation was established some four years ago in memory of my daughter, Lois Joy. The Foundation's goal were threefold—acquire funds for research to develop a cure and treatment for HUS, raise public awareness, and provide a supportive community for the families of affected children. I am proud to say that these goals have been met in many of the Foundation's accomplishments. We were instrumental in bringing about a grant from the National Institutes of Health in excess of \$15 million dollars for research related to HUS. In addition, my wife Laurie and I were recently invited guests of President Clinton as he announced sweeping reform of the Federal food safety rules for meat and poultry. The new rules modernize a 90-year-old inspection program to reduce harmful bacteria.

I look forward to even greater strides in the near future and extend my sincere gratitude and appreciation for the contributions that will be made by all of you. Once again, welcome to Baltimore and my best wishes for a successful meeting.

Robert C. Galler
President, Lois Joy Galler Foundation
Co-Chair, VTEC '97

Dear Colleagues,

It gives me great pleasure to welcome you to Baltimore for the Third International Symposium and Workshop on Shiga Toxin (Verocytotoxin)-Producing Escherichia coli Infections (VTEC '97). This meeting continues the strong scientific tradition established by VTEC '87 in Toronto and VTEC '94 in Bergamo.

The scientific program planned for VTEC '97 will provide overview presentations and the newest contributions from a wide range of disciplines. The eight plenary sessions and two poster sessions are scheduled without concurrent sessions so that maximum "cross fertilization" among attendees with diverse backgrounds can occur. The plenary sessions will feature invited speakers who will present state-of-the-art overviews as well as short oral presentations selected from the submitted abstracts. I want to thank Alison O'Brien, Vice-Chair of the Scientific Program Committee, for her hard work in planning the scientific program and Mohamed Karmali and the other members of the Scientific Program Committee and International Advisory Board for their invaluable advice.

The scope of topics encompassed in the field of Shiga toxin (verocytotoxin)-producing E. coli is astonishing, ranging from farm management of livestock to clinical management of end-stage renal disease. VTEC '97 will provide a multi-disciplinary meeting in which food scientists, veterinary scientists, and public health officials can talk to nephrologists, gastroenterologists, cell biologists, and infectious disease specialists. Such interdisciplinary exchanges are critical for further advancements in understanding, treating, and preventing these infections.

I am particularly pleased to be able to show you a bit of Baltimore, a revitalized city with a long history (long for the U.S.) of international trade, culture, and scientific achievement. The convenient location of all meeting facilities, hotel rooms, numerous restaurants, and a variety of tourist attractions within the attractive Baltimore Inner Harbor area will provide many opportunities for formal and informal interactions among the attendees. An extensive social program will also foster the renewal of old friendships and collaborations as well as the formation of new relationships.

I hope you will have a highly informative meeting, a very enjoyable stay in Baltimore, and great success in your research on this important topic.

James B. Kaper
Co-Chair, VTEC '97

General Information

Registration

The Registration Desk will be located on the fifth floor of the Renaissance Harborplace Hotel. Registration hours are as follows:

Sunday	June 22, 1997	12 noon-7pm
Monday	June 23, 1997	8am-6pm
Tuesday	June 24, 1997	8am-6pm
Wednesday	June 25, 1997	8am-5pm
Thursday	June 26, 1997	8am-12noon

Name Badges

Name badges will be distributed at the Registration Desk to all delegates. Delegates are kindly requested to wear the badge throughout the symposium. Only those wearing name badges will be admitted to the Scientific Sessions and Social Events.

To ensure safety, while visiting the areas outside of the hotel, please remove name badges.

Refreshments/Meals

Coffee will be served at approximately 10am and 3pm daily.

As lunch will not be provided by VTEC '97, delegates are encouraged to visit the Harborplace Gallery (downstairs from the Renaissance Hotel) and the shops and restaurants in the Inner Harbor (across the street from the Renaissance Hotel).

Poster Sessions

Formal Poster Sessions will be held in the Baltimore Ballroom of the Renaissance Harborplace Hotel. Although the following outlines the formal sessions, the Baltimore Ballroom will be open throughout the week—please be certain to visit at your leisure!

Monday	June 23, 1997	3:25pm-6:00pm
Tuesday	June 24, 1997	2:45pm-6:00pm

Social Program

Welcome Reception **Sunday, June 22** **7:30pm-11:00pm**

The Opening and Welcome Reception will begin at 7:30pm at the National Aquarium of Baltimore. The event will include cocktails, hors d'oeurves and a special, private viewing of the Aquarium.

An Evening at the George Peabody Library **Monday, June 23** **7:00pm-11:00pm**

A very special evening of music and dinner will be held at the George Peabody Library, renowned to be one of the most beautiful rooms in North America. Trolleys will depart the Renaissance Hotel Lobby starting at 6:45pm. Trolleys will shuttle delegates back and forth from the Library throughout the evening. The Library is located approximately 2 miles from the hotel.

Baltimore Crab Feast **Tuesday, June 24** **7:00pm-10:00pm**

Reservations have been made for VTEC '97 delegates at Obrycki's Crab House. Wear very casual clothes as you prepare to eat delicious crabs off newspaper covered tables with mallets and lots of beverage! Crabs are very spicy and eating them is an art in itself!

This is an OPTIONAL event and is not included in the registration fees. For those interested, please secure your reservation at the Registration Desk. The cost is \$53.00 per person. Transportation will not be provided by VTEC '97, however, taxi cabs are available from the Renaissance Hotel Lobby.

Bay Lady Boat Cruise **Tuesday, June 24** **6:30pm-10:00pm**

All Aboard! The Bay Lady will set sail from the Inner Harbor for a three-hour cruise! Delegates will enjoy a delicious dinner buffet while slowly cruising through the beautiful Harbor. Boarding begins at 6:30pm, the ship set sails at 7:00pm.

This is an OPTIONAL event and is not included in the registration fees. For those interested, please secure your reservation at the Registration Desk. The cost is \$37.00 per person. Transportation is not required, delegates can walk across to the Inner Harbor to board.

The Closing Banquet will begin with cocktails at 7:00pm in the Maryland Foyer of the Renaissance Hotel. Dinner and Dancing will begin at 8:00pm. Delegates are encouraged to stay all evening for music, dancing and socializing.

The Organizing Committee of VTEC '97 graciously thank the following organizations and companies for their generous contributions.

Major Sponsors

Meridian Diagnostics, Inc.
Synsorb Biotech, Inc.
Oxoid, Inc./Denka Seiken, Co. Ltd.

Supporters

American Gastroenterologists Association
Kraft Foods, Inc.
LMD Laboratories, Inc.
American Cyanamid Company/Lederle-Praxis Biologicals Division

Federal Sponsors

United States Department of Agriculture
United States Army
Centers for Disease Control and Prevention
United States Food and Drug Administration (CFSAN)
National Institute of Allergy and Infectious Diseases
National Institute of Diabetes, Digestive and Kidney Diseases

Monday, June 23

Final Program for VTEC '97

8:30–8:40 James B. Kaper, Robert C. Galler—Opening remarks

SESSION I EPIDEMIOLOGY OF STEC INFECTIONS IN HUMANS (Chair: Michael Osterholm)

8:40–9:10 *Patricia Griffin*
Overview of epidemiology of STEC infections in humans

9:10–9:30 *John Spika*
STEC in Canada

9:30–9:50 *Hideshi Michino*
Investigation of outbreak of *E. coli* O157:H7 infection among school children in Sakai City, Japan, 1996

9:50–10:10 *Eduardo Lopez*
STEC in Latin America

10:10–10:30 *Alfredo Caprioli*
STEC Infections in Continental Europe

10:30–11:00 COFFEE

11:00–11:20 *Roy Robins-Browne*
Epidemiology of STEC in Australia

SUBMITTED TALK

11:20–11:35 *S. Ahmed, J.M. Cowden, M. Donaghy, W.J. Reilly, and A. Riley*
An outbreak of *E. coli* O157:H7 in Central Scotland

11:35–1:30 LUNCH—informal poster viewing

Monday, June 23

SESSION II

STEC IN THE FOOD CHAIN (Chair: Robert Tauxe)

- 1:30–1:55 *Dale Hancock*
Impact of farm management practices on incidence of STEC in animals
- 1:55–2:20 *Roger Johnson*
STEC in foods
- 2:20–2:45 *Jill Hollingsworth*
Food safety
- 2:45–3:10 *Dave Theno*
The response of the food industry to STEC

SUBMITTED TALK

- 3:10–3:25 *J. A. Shere, K. J. Bartlett and C. W. Kaspar*
Longitudinal study of *E. coli* O157 on four dairy farms in Wisconsin
- 3:25–6:00 POSTER SESSION (and COFFEE)

Tuesday, June 24

SESSION III**PATHOGENIC MECHANISMS: ADHERENCE AND TOXINS (Chair: Steve Calderwood)**

- 8:30–8:55 *Phillip Tarr*
Intestinal adherence mechanisms
- 8:55–9:20 *Philip Sherman*
Epithelial cell signal transduction responses to STEC infection
- 9:20–9:45 *David Acheson*
Toxin delivery across an epithelial barrier
- 9:45–10:10 *Cliff Lingwood*
Toxin—receptor interactions
- 10:10–10:40 COFFEE
- 10:40–11:05 *Vernon Tesh*
Cytokine response to Shiga toxin

SUBMITTED TALKS

- 11:05–11:20 *P. D. Bloom, R. Russell, D. Blake, and E. Boedeker*
Interleukin-1 receptor antagonist (IL-1ra) protects against tissue injury in an animal model of hemorrhagic colitis
- 11:25–11:40 *G. Collington, I. Booth, M. Donnenberg, J. Kaper, and S. Knutton*
Attaching and effacing genes encoding secreted signalling proteins are also required for modulation of host cell electrolyte transport
- 11:40–1:15 LUNCH and informal poster viewing

Tuesday, June 24

SESSION IV

PATHOGENIC MECHANISMS: ANIMAL MODELS AND HOST RESPONSE

(Chair: Harley Moon)

1:15–1:40 *Evelyn Dean-Nystrom*

Bovine infections with *E. coli* O157:H7

1:40–2:05 *Brad Fenwick*

Canine model of HUS

2:05–2:30 *Mohamed Karmali*

Host immune response and immunity to VTEC/STEC infections

SUBMITTED TALK

2:30–2:45 *F.B. Taylor, Jr., L. DeBault, A.C.K. Chang, A. Li, V.L. Tesh, T.J. Pysher,
R.L. Siegler*

Characterization of the primate (baboon) responses to Shigatoxin

2:45–6:00 POSTER SESSION (and COFFEE)

Wednesday, June 25

SESSION V

PATHOGENESIS OF HUS (Chair: Mark Taylor)

- 8:30–9:00 *Leo Monnens*
Pathophysiology of HUS
- 9:00–9:25 *Peter Rose*
Hematological aspects of HUS
- 9:25–9:50 *Caroline Savage*
Endothelial cell biology and participation of the endothelium in disease
- 9:50–10:20 COFFEE
- 10:20–10:45 *Tom Obrig*
Interaction of Shiga toxin with endothelial cells

SUBMITTED TALKS

- 10:45–11:00 *P.E. Ray, A. Onorio, J. Sgromo, M. S. Maglio, I. Marco, X-H. Liu, L. Xu, G. Gallo*
Increased release of basic fibroblast growth factor (bFGF) in children with classic hemolytic uremic syndrome
- 11:00–11:15 *J. Hutchison, D. Stanimirovic, A. Shapiro, G. Armstrong*
Verotoxin causes cytotoxicity in human cerebral endothelial cells
- 11:15–11:30 *R. Bhimma, N. Rollins, H. M. Coovadia, M. Adhakiri*
Hemolytic uremic syndrome following *Shigella dysenteriae* type 1 outbreak in South Africa
- 11:30–1:00 LUNCH and informal poster viewing

SESSION VI

DETECTION AND DIAGNOSIS OF STEC INFECTIONS (Chair: Wendy Johnson)

- 1:00–1:25 *Helge Karch*
Overview of detection methods
- 1:25–1:50 *Henry Smith*
Subtyping of VTEC
- 1:50–2:10 Discussion

Wednesday, June 25

SESSION VII

TREATMENT OF DISEASE DUE TO STEC (Chair: Bernard Kaplan)

- 2:10–2:35 *Marguerite A. Neill*
Infectious disease management
- 2:35–3:00 *Kevin Meyers*
Treatment of HUS and other complications
- 3:00–3:30 COFFEE
- 3:30–4:10 *Glen D. Armstrong and Peter Rowe*
Clinical trials of Synsorb Pk in preventing HUS

SUBMITTED TALKS

- 4:10–4:25 *A. Edwards, K. Arbuthnott, J.R. Stinson, H.C. Wong, C. Schmitt, and A. O'Brien*
Humanization of monoclonal antibodies against *Escherichia coli* toxins Stx1 and Stx2
- 4:25–4:40 *T. Takeda, M. Tanimura, K. Yoshino, E. Matsuda, H. Uchida, and N. Ikeda*
Early use of antibiotics for STEC O157 infection reduces the risk of hemolytic uremic syndrome
- 4:40–4:55 *A.I. Stewart, G.A. Jones, J. McMenamin, A.K.R. Chaudhuri, and W.T.A. Todd*
Central Scotland *Escherichia coli* O157 outbreak (Clinical Aspects)
- 4:55–5:45 Roundtable discussion
Bernard Kaplan
Marguerite A. Neill
Gianfranco Rizzoni
Mark Taylor
Richard Siegler
Phillip Tarr

Thursday, June 26

SESSION VIII

VACCINES AGAINST STEC (Chair: Myron M. Levine)

- 8:30–8:55 *Robert V. Tauxe*
Public health immunization strategies: Who or what would we immunize?
- 8:55–9:20 *Gerald Keusch*
Passive and active immunization against STEC and HUS
- 9:20–9:45 *Shousun C. Szu*
LPs-based vaccines
- 9:45–10:10 *Carlton Gyles*
Vaccines in animals
- 10:10–10:40 COFFEE

CLOSING SESSION

James Kaper and Alison O'Brien, Chairs

- 10:40–11:30 Formulation of questions for VTEC 2000
General discussion
- 11:30 Closing remarks—Robert Galler and James Kaper

TRANSMISSION OF VTEC O157 IN WELSH HOMES

V1/I

Sharon Parry*, Roland Salmon Public Health Laboratory Service,
Communicable Disease Surveillance Centre (Welsh Unit), Cardiff, UK.

To estimate the extent of household transmission in Wales, over 2 years, all household contacts of microbiologically confirmed cases of VTEC O157 were identified, faecal specimens requested and their age, sex and diarrhoeal symptoms, from 7 days prior to the onset of the index case to date of interview, recorded. 83 cases had 181 household contacts. 101 (56%) submitted faecal specimens. 15 (8%) were excreting VTEC O157. 6/15 were asymptomatic, 7/15 had onsets after the index case, 2/15 had onsets before the index case, giving an estimated household transmission rate of (13/181) 7%. Non-hospitalised cases were more likely to transmit than hospitalised (12/102 vs 3/79, RR = 3.1, p = 0.05). Of 79 household contacts of index cases aged under 5, 12 (15%) were infected. Of 20 household contacts themselves aged under 5, 5 (25%) were infected. Transmission from under 5's to under 5's was 4/13 (31%). Surveillance in Wales is particularly complete. Household spread occurs most readily between children under 5. Investigation of sporadic VTEC O157 must include (i) advice on hygiene measures to prevent household spread (ii) identification of those contacts at risk of spreading the infection more widely.

ISOLATION OF SORBITOL-FERMENTING (SF) VEROCYTOTOXIN (VT)2-PRODUCING *E.COLI* O157:H- IN THE CZECH REPUBLIC

V9/I

M.Bielaszewska*, J.Janda, K.Bláhová, H.Karch, M.A.Karmali,
M.A.Preston, R.Khakhria, O.Nyč
Ústav lék.mikrobiologie a Pediatrická klinika, 2.lék.fakulta University
Karlovych, Praha, Česká republika; Institut für Hygiene und Mikrobiologie,
Universität Würzburg, BRD; Dept.of Microbiology, The Hospital for Sick
Children and Central Public Health Laboratory, Toronto, and Laboratory
Centre for Disease Control, Ottawa, Canada

SF *E.coli* O157:H- strains are widespread in Germany but have not been reported from other countries. In 1995, 2 SF *E.coli* O157:H- strains were isolated in the Czech Republic from epidemiologically unrelated cases of hemolytic uremic syndrome. Both the strains fermented sorbitol within 24 hrs. and were β -glucuronidase-positive; they produced VT2 upon isolation but lost the VT during laboratory storage. They had atypical phage types and closely related PFGE patterns which differed from those of sorbitol-negative *E.coli* O157:H7 strains. One of the strains tested for the presence of *eae* and EHEC-hly genes harboured both of them. The characteristics of SF *E.coli* O157:H- strains isolated in the Czech Republic were close to those of such strains isolated in Germany suggesting that the strains might belong to the same clone.

V10/I

PRODUCTION OF VEROCYTOTOXIN (VT) 2 BY *ESCHERICHIA COLI* SEROGROUP O26

M.Bielaszewska*, H.Karch, J.Janda, K.Bláhová, O.Nyč

Ústav lékařské mikrobiologie a Pediatrická klinika, 2.lékařská fakulta
University Karlovy, Praha, Česká republika; Institut für Hygiene und
Mikrobiologie, Universität Würzburg, Würzburg, BRD

VT2-producing (VT2+) *E.coli* O26 strains have been rarely associated with human disease. The aim of this study was to establish the frequency of VT2 production in *E.coli* O26:H11/H- strains isolated from children with hemolytic uremic syndrome and diarrhea in the Czech Republic between 1963 and 1995 and further characterize the VT2+ isolates. Using the Vero cell neutralization test, VT2 phenotype was found in 2 of 101 strains isolated between 1963 and 1991 (namely, in 1966 and 1976), and in all 3 strains isolated in 1992-95. All the 5 VT2+ isolates harboured the VT2 gene and *E.coli* attaching and effacing (eaeA) gene as detected by PCR; 3 of them produced enterohemolysin and harboured the specific (EHEC-hly) gene. Two strains were sensitive to all 24 antibiotics tested, 3 strains were resistant to one or more of them. We conclude that VT2+ *E.coli* O26 strains were associated with human disease in the Czech Republic as early as 30 years ago and were rare till 1991; the frequency of their isolation markedly increased in 1992-95.

V11/I

E. COLI 0157 IN SOUTH LANARKSHIRE, SCOTLAND (1987-1996):-

THE CALM BEFORE THE STORM

Kenneth Liddell, Department of Microbiology, Law Hospital, Carlisle,
Lanarkshire Scotland.

Between November and December 1996, a major outbreak of *E. coli* 0157 infection (Phage Type 2, VT 2+) unfolded in Central Scotland. Its epicentre, in Wishaw, lies within the area served by Law Hospital. The outbreak was first identified and the majority of the primary isolations were made by this laboratory. Though Scotland has a high rate of infection with verocytotoxin-producing *E. coli*, Lanarkshire has, within a Scottish context, a comparatively low prevalence. Within the southern sector of the county, including Wishaw, this appears to be even lower. Data are presented on cases and isolates seen since 1987, when selective screening began, until the recent outbreak. Despite extension of screening, the incidence fell from 1991 to November 1996, and, in two single years, no isolations were made. An impression of low local prevalence should not undermine the need to remain vigilant in policing *E. coli* 0157. Laboratories should screen all diarrhoeal stools, without qualification.

**SHIGA TOXIN - PRODUCING *ESCHERICHIA COLI* (STEC)
IN GASTROINTESTINAL INFECTIONS IN FINLAND**

V14/I

Marjut Saari, Markku Keskimäki, Ritvaleena Puohiniemi, Anja Siitonen*
Laboratory of Enteric Pathogens, National Public Health Institute,
Helsinki, Finland

From February 1996 through January 1997 a total of 489 primary stool cultures from patients with bloody diarrhea were investigated by PCR for the presence of Shiga toxin-producing enteric bacteria. The cultures were received from 23 laboratories all over Finland. Eight cultures carried the genes encoding Shiga toxin production: seven were positive for *stx₂* gene, one for *stx₁*. Of these, only four were positive for *eaeA*-gene. Pure cultures were obtained of seven and all of them were identified as *E. coli*. The strains positive for *stx₂* belonged to four *E. coli* serotypes: OX3:H21, O157:H7, R:H49 and ONT:HNT. These strains produced Stx2 toxin as well; only O157:H7 strains were sorbitol negative. Two patients suffered from hemolytic uremic syndrome. In two cases, the finding was associated with a recent trip abroad.

This evaluation showed that diarrheal infections caused by STEC, including O157:H7, are rare in Finland.

**ASSOCIATIONS BETWEEN HUMAN INFECTION WITH
VERO CYTOTOXIN-PRODUCING *ESCHERICHIA COLI* O157
AND FARM ANIMAL CONTACT**

V28/I

**W.Barrie Trevena^{*}, Geraldine A Willshaw, Tom Cheasty, Clifford Wray.
Environmental Health Department, Kerrier District Council, Camborne,
UK; Laboratory of Enteric Pathogens, Colindale, London, UK; and Central
Veterinary Laboratory, Weybridge, UK.**

Two main routes (ie. Food and Person-to-person) of transmission of Vero cytotoxin-producing *E. coli* O157 (VTEC O157) are well established and documented. This case-control study, now in its third year, explores the nature and extent of direct zoonotic transmission via contact with animals or their faeces. Cases are all laboratory confirmed isolates of VTEC O157 occurring within Cornwall and West Devon, with matched controls selected from General Practice registers. On-farm veterinary investigations are organised whenever a case has been in contact with farm animals. Matching of VTEC O157 strains isolated from human cases and from animals with which they have been in contact has been demonstrated on 9 occasions using a combination of phage typing and DNA methods, indicating an association between human illness and animal carriage (viz. cows, calves, a pony, a goat and a dog).

V33/I

HUMAN *ESCHERICHIA COLI* O157:H7 INFECTION ASSOCIATED WITH THE CONSUMPTION OF UNPASTEURIZED GOAT MILK

M.Bielaszewska*, J.Janda, K.Bláhová, H.Minaříková, E.Jíšková,
M.A.Karmali, J.Laubová, J.Šíkulová, M.A.Preston, R.Khakhria, H.Karch,
H.Klazarová, O.Nyč

Ústav lék.mikrobiologie a Pediatrická klinika, 2.lékařská fakulta University Karlovy, Praha, a Hygienická stanice a Veterinární správa, Teplice a Ústí nad Labem, Česká republika; Dept.of Microbiology, The Hospital for Sick Children and Central Public Health Laboratory, Toronto, and Laboratory Centre for Disease Control, Ottawa, Canada; Institut für Hygiene und Mikrobiologie, Universität Würzburg, Germany

A cluster of *E.coli* O157 infection including hemolytic uremic syndrome, diarrhea, and asymptomatic cases occurred in Northern Bohemia in 1995 following consumption of raw goat milk. Verocytotoxin 2-producing *E.coli* O157:H7 strains of phage type 2 and of identical pulsed-field gel electrophoresis patterns were isolated from the goat and from one of the patients. The frequency of anti-O157 lipopolysaccharide antibodies was significantly higher in the goat milk consumers than in control population (33% v. 0%; P=0.0005). These findings indicate that goats may be a reservoir of *E.coli* O157:H7 and a source of the infection for humans.

V37/I

ENTEROHEMORRHAGIC *ESCHERICHIA COLI* IN AUSTRIA

Franz Allerberger, Manfred P. Dierich, Bundesst. bakt.-serol. Untersuchungsanstalt, E. coli O157, Zentrale, Innsbruck, Austria

In Austria no cases of EHEC O157 infections were diagnosed from 1991 till June 1992. From June 1992 till end of 1996, 5 out of 39 patients (12.8%) with culturally confirmed EHEC O157 infections, mostly from the western provinces Vorarlberg and Tyrol, developed HUS. O157:H7 and O157:H- are the dominating sero-groups. Aside from transmission via contaminated food (the infections could not be traced to a particular source), direct transmission from person to person played a major role in the chain of these EHEC infections. In the Tyrol 3% of raw cow milk samples, 10% of ground meat samples, and 6% of calves yield EHEC O157. Despite this high rate of food-contamination, Austria—in contrast to neighboring countries like Italy and Germany—has not experienced a major outbreak with this organism so far. A nationwide surveillance system for HUS showed an incidence of 0.37 HUS-cases per 100.000 residents in the age group 0–14 years for 1995.

EPEC REVISITED: MORE THAN HALF OF THE DANISH ENTEROPATHOGENIC *E. COLI* (EPEC) STRAINS OF O GROUPS O26, O111 AND O128 ISOLATED 1959-1996 ARE ACTUALLY VTEC

V41/I

Flemming Scheutz*

The International *Escherichia* and *Klebsiella* Centre (WHO), Department of Gastrointestinal Infections, Statens Serum Institut, Copenhagen, Denmark

A random collection of 142 *E. coli* strains isolated from faeces in the years 1959-1996 in Denmark and belonging to EPEC O groups O26, O111 and O128 were examined for VT production and with DNA probes VT1, VT2, *eaeA*, EAF and EHEC (pCVD419). 81 (57%) were VTEC. The earliest VTEC strain, serotype O26:H11, was isolated in 1959. 69/102 O26:[H11], 11/29 O111 strains and 1/11 O128 strains were VTEC. O26 was the most common and uniform group with 62 strains reacting with VT1, *eaeA* and EHEC probes. Only 3 O26 strains were VT2⁺ whereas 65 VTEC and 14 EPEC strains were EHEC⁺. 58% (69 VT⁺ and 14 VT strains) were EHEC⁺. Only 4% were EAF⁺. The study shows that more than half of EPEC O groups O26, O111 and O128 isolated in Denmark are actually VTEC and that 85% of these are EHEC⁺. These results raise questions about the true etiology of diarrhoea in Denmark and confirm that EHEC⁺ strains are quite common and that EAF⁺ strains are rare in Europe.

EPEC REVISITED: SOME OF THE DANISH ENTEROPATHOGENIC *E. COLI* (EPEC) STRAINS OF O GROUPS O26, O111 AND O128 ISOLATED 1959-1996 ARE ACTUALLY VTEC

V42/I

Fleming Scheutz*, The International *Escherichia* and *Klebsiella* Centre (WHO), Department of Gastrointestinal Infections, Statens Serum Institut, Copenhagen, Denmark

A collection of 142 *E. coli* strains isolated from faeces in the years 1959-1996 in Denmark and belonging to EPEC O groups O26, O111 and O128 were examined for VT production and with DNA probes VT1, VT2, *eaeA*, EAF and EHEC (pCVD419), 81 (57%) were VTEC. The earliest VTEC strain, serotype O26:H11, was isolated in 1959, 69/102 O26:[H11], 11/29 O111 strains and 1/11 O128 strains were VTEC, O26 was the most uniform group with 62 strains reacting with VT1, *eaeA* and EHEC probes. Only 3 O26 strains were VT2⁺ whereas 65 VTEC and 14 EPEC strains were EHEC⁺, 58% (69 VT⁺ and 14 VT strains) were EHEC⁺. Only 4% were EAF⁺. The study shows that some of EPEC O groups O26, O111 and O128 isolated in Denmark are actually VTEC and that many of these are EHEC⁺. These results raise questions about the true etiology of diarrhoea in Denmark and confirm that EHEC⁺ strains are quite common and that EAF⁺ strains are rare in Europe.

V44/1

SEROTYPES OF SHIGA-LIKE TOXIN-PRODUCING *ESCHERICHIA COLI* (SLTEC) ISOLATED FROM HUMAN AND ENVIRONMENTAL SOURCES IN AUSTRALIA.

Karl A. Bettelheim, *E. coli* Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Yarra Bend Road, Fairfield, Victoria, Australia.

Shiga-like Toxin-producing *Escherichia coli* (SLTEC) have been isolated from both human infections and environmental sources in Australia for many years. In many cases they have been submitted to this laboratory for full serotyping. Although strains belonging to serotype O157:H7 have been identified, these have been in the minority. A number of other serotypes most notably O5:H-; O26:H11; O48:H21; O91:H-; O111:H-, O113:H21 and O128:H2 have also been identified from human cases. While some of these have also been found in environmental sources including domestic animals and meat, these have revealed an even greater variety of serotypes, many of which have as yet not been isolated from human cases here or elsewhere according to reports in the literature. Apart from O and H serotyping, employing a full range of antisera, the strains were also tested for their ability to produce SLT by both an immunoassay as well as by their reactions in Vero-cells. They were also tested for their ability to ferment sorbitol, their haemolytic characteristics as well as their reactions on the two new media CHROMagar O157 and Rainbow agar O157. The importance of these non-O157 SLTEC will be assessed, and possible methods for their identification considered.

V46/1

LOOKING BEYOND ENTEROHAEMORRHAGIC *ESCHERICHIA COLI* O157:H7

Karl A. Bettelheim and Paul N. Goldwater *E. coli* Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Victoria, and Adelaide Women's and Children's Hospital, Adelaide, South Australia, Australia

For 15 years Enterohaemorrhagic *Escherichia coli* (EHEC) O157:H7 tended to dominate the world literature on EHEC. They are probably derived from one particularly successful clone which has spread globally, colonizing domestic animals and causing human disease. For many more years, there have been reports of human cases and outbreaks of disease due to non-O157:H7 EHEC. These may occur concomitantly with O157:H7 cases. Such outbreaks may be falsely labelled as due to this serotype. Evidence will be presented from the literature and from investigations of one outbreak, that the ease of identification of the O157:H7 clone, can confuse the issue. While not denigrating the role of the O157:H7 clone, this paper illustrates the importance of recognizing that other serotypes can also be responsible for outbreaks as well as sporadic human disease.

ESCHERICHIA COLI ON THE INFORMATION SUPERHIGHWAY.

V47/I

Karl A. Bettelheim and Gavin Thomas *E. coli* Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Victoria, Australia and School of Biochemistry, University of Birmingham, Birmingham, United Kingdom.

The *E. coli* Index was established on the WWW in March 1995. Since then a number of subsections have been added. The one on pathogenic *E. coli* is in brief summary form with up-to-date references. During outbreaks of VTEC such as the recent one in Scotland the page was accessed by at least 5,000 people. This constitutes an important means of providing correct and current information to the public. The apparently increasing numbers of such outbreaks throughout the world demands dissemination of reliable information, for which the WWW is an ideal vehicle. The readership distribution of these pages will be presented, together with a discussion of possible future directions in which information about pathogens, and VTEC in particular can be effectively presented on the WWW.

A NATIONWIDE ASSESSMENT OF DIAGNOSTIC FACILITIES FOR
ESCHERICHIA COLI O157 INFECTIONS IN ITALY

V50/I

Antonio Goglio^{1*}, Claudio Farina¹, Alberto E. Tozzi², Alfredo Caprioli²,
for the AMCLI VTEC infection study group

¹Servizio Microbiologia, Ospedali Riuniti, Bergamo and ¹Istituto
Superiore di Sanità, Rome, Italy

We carried out a nationwide assessment of diagnostic facilities for the diagnosis of *E. coli* O157 infection in humans. Standardized mail questionnaires were sent to public microbiology laboratories in the whole country. Data collection and analysis is at present still in progress, however preliminary results are available for 10 out of 20 regions of Italy. These preliminary results indicate that most laboratories use sorbitol McConkey (83%) and/or latex agglutination assay (92%) as diagnostic tools. Sixty-two percent seek *E. coli* O157 in feces when asked by the clinicians, 37% in all bloody diarrhea samples, 33% in all diarrhea samples, and 8% in all feces submitted to the laboratories. A proportion ranging from 0 to 1% of all samples screened in the last 5 years in each laboratory yielded positive results for *E. coli* O157. Since most laboratories seek *E. coli* O157 on request made by the patient's physician the real burden of *E. coli* O157 infection is probably underestimated in Italy.

V52/I

EPIDEMIOLOGY OF SHIGA-TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC) INFECTION IN CONTINENTAL EUROPE

Alfredo Caprioli^{1*}, Alberto E. Tozzi¹, Antonio Goglio²

¹Istituto Superiore di Sanità, Rome, and ²Servizio Microbiologia,
Ospedali Riuniti, Bergamo, Italy

In most countries of continental Europe STEC infection has been recognized as an important public health problem later than in North America and UK, and appears to exhibit a rather different epidemiologic pattern. To date, human infections by STEC O157 have been described in 16 countries (Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Hungary, Italy, The Netherlands, Norway, Poland, Slovenia, Spain, Sweden, and Switzerland), while specific surveys failed to isolate this organism in Malta and Croatia. Infections with non-O157 STEC serogroups were frequently reported: O111 in 9 countries, O26 in 8, O103 in 7, O128 in 5. According to studies performed in 9 countries, STEC infection was detected in 0.4% (Denmark) to 2.7% (Germany) of patients with diarrhea. Four countries reported outbreaks of infection by STEC O157, and 3 by STEC O111. Most of these outbreaks occurred in the community at large and their source was not identified. The diffuse circulation of non-O157 STEC and the occurrence of communitywide outbreaks not associated with an evident source of infection appear to be the hallmarks of STEC infection in continental Europe.

V55/I

SURVEILLANCE OF HEMOLYTIC UREMIC SYNDROME (HUS) IN ITALY: 1988-1996

Alberto E. Tozzi^{1*}, Alfredo Caprioli¹, Ida Luzzi¹, Fabio Minelli¹,
Alessandra Gianvitti², Galileo Tancredi², Gianfranco Rizzoni²

¹Istituto Superiore di Sanità, and ²Ospedale Pediatrico Bambino Gesù,
Rome, Italy

The nationwide surveillance system of HUS was introduced in Italy in 1988. Up to December 1996, 175 cases were notified, accounting for a mean annual incidence of 0.2×10^{-5} in the age group 0-15. The mean age of patients was 40 months, 70% of them had prodromal diarrhea, 42% bloody diarrhea, and 66% required dialysis. Neurologic symptoms were observed in 37% of cases and 7% had coma. The notification trend remained constant over time, except in 1992 and 1993 when 2 clusters of cases were observed. Evidence of infection with Shiga-toxin (Stx)-producing *E.coli* (STEC) was shown in 73% of patients. STEC and fecal Stx were detected in 8% and 27% of cases, respectively. Stx-neutralizing antibodies and antibodies to the lipopolysaccharide of serogroups O157, O111, O26, and O103 were found in 10% and 59% of cases, respectively. The STEC serogroup most commonly associated to HUS was by far O157, followed by O111, O26, and O103.

MOLECULAR EPIDEMIOLOGY
OF VEROCYTOTOXIN-PRODUCING *ESCHERICHIA COLI*
ISOLATES IN JAPAN 1996
USING PULSED-FIELD GEL ELECTROPHORESIS

V68/I

Akihito Wada, Jun Terajima, Yoshishige Inagaki, Hidemasa Izumiya,
Ken-ichiro Itoh, Kazumichi Tamura and Haruo Watanabe*
Department of Bacteriology, National Institute of Health,
Toyama 1-23-1, Shinjuku-ku, Tokyo, Japan

Pulsed-field gel electrophoresis (PFGE) using restriction enzyme *Xba*I was applied for molecular typing of 1,706 verocytotoxin-producing *Escherichia coli* (VTEC) O157 isolates, which were derived from 19 outbreaks, sporadic cases, foods, beef fecal swabs and environments in Japan 1996. One hundred eighty VTEC O157 isolates (53 from seven outbreaks in May-June, 222 from sporadic cases, three from foods and two from fecal swabs) showed very closely related patterns. Only one of the three food isolates, however, was epidemiologically correlated to an outbreak. Three hundred twenty five VTEC O157 isolates (95 from other eight outbreaks in July, 227 from sporadic cases, one from food and two from environments) showed different PFGE patterns from those of the May-June outbreak isolates. The food isolate of these cases is not correlated to any outbreaks. In addition, various VTEC O157 strains were isolated from the other outbreaks and sporadic cases in Japan 1996. Various types of VTEC O157 strains have already spread over Japan.

A MULTISTATE OUTBREAK OF *ESCHERICHIA COLI* O157:H7
INFECTIONS ASSOCIATED WITH EATING MESCLUN MIX LETTUCE

V74/I

J. H. Mermin*, E.D. Hilborn, A. Voetsch, M. Swartz, M. A. Lambert-Fair, J. Farrar, D. Vugia, J. Hadler, L. Slutsker; Foodborne and Diarrheal Diseases Branch, CDC, Atlanta, GA, USA, and Health Departments of CT, III, and CA

Between May 21 and June 21, 1996, 28 isolates of *Escherichia coli* O157:H7 with indistinguishable patterns on pulsed-field gel electrophoresis (PFGE) examination were received by the Illinois Department of Public Health. A study involving age-, sex-, and telephone-exchange-matched patients and controls revealed an association between *E. coli* O157:H7 infection and consumption of mesclun mix lettuce, a mixture of different types of baby lettuces (matched odds ratio: undefined, 95% confidence interval: 1.4-infinity, p=0.009). During the same time, the Connecticut Department of Health also implicated mesclun mix in an outbreak of *E. coli* O157:H7 infections. Isolates from the outbreaks in Illinois and Connecticut were indistinguishable by PFGE. Lettuce traceback revealed one grower as the likely source of lettuce implicated in both outbreaks; cattle were found next to the lettuce growing and processing areas. This is the fifth lettuce-associated outbreak of *E. coli* O157:H7 infections in North America. Current lettuce production practices should be evaluated for microbiological safety.

V75/I A REVIEW OF OUTBREAKS OF VERO CYTOTOXIN PRODUCING
ESCHERICHIA COLI O157 IN ENGLAND AND WALES, 1992-1996

Goutam Adak*, Henry Smith, Geraldine Willshaw, Tom Cheasty, Patrick Wall and Bernard Rowe. Public Health Laboratory Service Communicable Disease Surveillance Centre and Laboratory of Enteric Pathogens, London, United Kingdom.

In 1992 an enhanced surveillance system was introduced to collect epidemiological data on general outbreaks of Vero cytotoxin producing *Escherichia coli* O157 (VTEC O157) infection in England and Wales. Between January 1992 and December 1996, 37 outbreaks were investigated in which 381 people were affected, 59 developed HUS, 120 were admitted to hospital and 14 died. The route of transmission was foodborne in 27 outbreaks. The foods implicated included: cold cooked meat; milk; raw vegetables; cooked ground beef dishes. There were five outbreaks where person to person spread predominated, three occurred in pre-school nurseries, one in a hospital and one in a residential home for the elderly. In two outbreaks illness was acquired through direct contact with farm animals. The route of transmission remained unidentified in three outbreaks. Detailed updated information on the epidemiology of these outbreaks will be presented. Figures for 1996 are provisional.

V84/I PINPOINTING HUMAN INFECTION OF *E.coli* 0157 FROM ANIMALS

Lesley Allison, Phil Carter and Fiona Thomson-Carter*. Department of Medical Microbiology, University of Aberdeen & **E.coli* 0157 Reference Laboratory, Medical School, Foresterhill, Aberdeen.

The routes of transmission of *E.coli* 0157 infection between animals and humans, whether direct or indirect, have not been clearly defined. Previously, possession of an identical phage type for both animal and human isolates was deemed sufficient as a direct infective link. Since 1994, 24% of all *E.coli* 0157 isolates received by the Scottish Reference Laboratory have been isolated from animals including cattle, sheep, goats, geese and a horse. Conventional and genotypic methods (AP-PCR, PFGE, DNA sequencing) were applied to define this group accurately. Sixteen incidents were identified where both the human case and the implicated animal(s) shared the same phage type. Thirteen incidents were caused by phage type 2 or 28 isolates, the most common phage types in humans (75% of infections in Scotland in 1996). In eleven of the sixteen incidents the human and animal isolates shared identical PFGE restriction fragment profiles. These isolates were also indistinguishable by the molecular methods. Investigation of these incidents has demonstrated that genetically indistinguishable sub-types of *E.coli* 0157 exist in both animal and human populations.

IDENTIFICATION OF A RECURRENT CLONE ASSOCIATED WITH
OUTBREAKS OF *E.COLI* 0157 INFECTION IN SCOTLAND

V86/I

Lesley J. Allison, Philip E. Carter and Fiona M. Thomson-Carter* Scottish Reference Laboratory for *E.coli* 0157, Department of Medical Microbiology, University of Aberdeen, Medical School, Aberdeen.

Scotland has one of the highest incidences of *E.coli* 0157 infection in the world; even within the U.K. the observed incidence is several times greater than that for England, Wales or N. Ireland. Systematic analyses of disparate isolates of *E.coli* 0157 have demonstrated that those of a common phage type (pt 2) can be sub-divided into 10 distinct pulsed field groups. A recurrent clone has been identified with a particular macrorestriction profile from multiple veterinary food, environmental and clinical sources throughout Scotland from 1989 to the present day. The consistent pulsed field gel electrophoretic profiles obtained for multiple isolates of the recurrent clone are indistinguishable following cleavage with six different endonucleases. In contrast to other pt2 strains, it has been responsible for several major outbreaks of infection including the largest milk-borne outbreak in the world and the recent outbreak in which 18 people died. The physiological reasons for prevalence of this clone are as yet undetermined, but its identification and persistence in the Scottish 0157 population is significant.

GENETIC HETEROGENEITY OF *E.COLI* 0157:H7 AND ITS UTILITY IN
STRAIN TYPING

V87/I

Lesley J. Allison, Anne Stirrat and Fiona M. Thomson-Carter* Scottish Reference Lab. for *E.coli* 0157, Department of Medical Microbiology, Medical School, Foresterhill, Aberdeen, AB25 2ZD.

In 1994 seven major outbreaks of *E.coli* 0157:H7 infection occurred throughout Scotland including the largest outbreak of milk-borne *E.coli* 0157:H7 infection to date world-wide. A variety of suspect vehicles of infection were identified and there were 144 confirmed cases in total. All isolates associated with the outbreaks were subjected to detailed sub-typing: phage typing VT-PCR and pulsed-field gel electrophoresis (PFGE). The outbreak strains were of three different phage types (2, 4 and 28), all VT-/VT2+ except for phage type 4 (VT1+/VT2+). In efforts to discriminate outbreak-associated isolates from the high sporadic background (4.73 cases/100,000 population) in 1994, real-time PFGE analyses were performed which demonstrated that within each of the seven outbreak groups the macrorestriction profiles observed were indistinguishable, whereas profiles for sporadic isolates were not. The consistent genetic heterogeneity observed within the Scottish *E.coli* 0157 population can be exploited in epidemiological investigations.

V88/I

MOLECULAR EPIDEMIOLOGY OF SCOTTISH *E.coli* O157 ISOLATES - A THREE YEAR STUDY OF PHAGE TYPE 28

Lesley Allison, Phil Carter and Fiona Thomson-Carter*. Department of Medical Microbiology, University of Aberdeen & **E.coli* O157 Reference Laboratory, Medical School, Foresterhill, Aberdeen.

During the years 1994 - 1996, Scotland had a higher incidence of *E.coli* O157 infection than the rest of the U.K. exacting significant demands on health resources. Accurate high resolution typing of these organisms is essential so that their source and routes of transmission may be identified. During the three year study period, the Scottish Reference Laboratory for *E. coli* O157 received 880 isolates of which 30 % were phage type 28, one of the most common Scottish types. Following pulsed-field gel electrophoresis (PFGE) of these isolates, 25 macrorestriction profile groups were generated allowing definitive characterisation to a level not previously possible. This enabled the discrimination among isolates associated with different outbreaks, and also between outbreak and sporadic isolates. Interestingly, the most common profiles from clinical isolates were also the most common in cattle, sheep and goats. Although some profiles had been observed throughout the study period, eleven were only observed within the final six months reflecting the heterogeneous nature of the *E.coli* O157 population in Scotland at this time.

V90/I TEMPORAL AND SPATIAL DISTRIBUTIONS OF HUMAN CASES OF VEROCYTOTOXIGENIC *ESCHERICHIA COLI* INFECTION IN SOUTHERN ONTARIO

P. Michel*, J. Wilson, W. Martin, S. McEwen, C. Gyles, R. Clarke. The Departments of Population Medicine and Pathobiology, University of Guelph, and Health Canada (LCDC and HAL), Guelph, Ontario, Canada.

The temporal and spatial distributions of cases of verocytotoxigenic *Escherichia coli* (VTEC) infection were described using data on human cases reported for the southern region of Ontario, Canada, between 1990 and 1995. A temporal model of VTEC incidence was constructed which permitted the detection of clusters of cases in time. Counties with the highest incidence of human VTEC infection were situated in areas of predominantly mixed agriculture. There was a significant positive association between the geographical distribution of cattle density and human VTEC incidence ($p = 0.012$). These findings suggest an increased risk of infection by VTEC organisms for people living in rural areas as compared to urban centres. The importance of contact with cattle and the consumption of potentially contaminated well water and/or locally produced food products as risk factors for VTEC infection may have been previously underestimated.

AN OUTBREAK OF INFECTION DUE TO VEROCYTOTOXIN-
PRODUCING *ESCHERICHIA COLI* O157 IN FOUR FAMILIES: THE
INFLUENCE OF LABORATORY METHODS ON THE INVESTIGATION

V99/I

P Chapman*, C Siddons, J Manning and C Cheetham
Regional Public Health Laboratory, Sheffield and
Environmental Health Services, Rotherham, UK

A case of *E.coli* O157 infection was diagnosed in early November but it was several weeks later that a probable link between this case and illness in three other families was discovered. Faecal samples from eight cases and from six asymptomatic contacts were examined for *E.coli* O157 by culture onto cefixime tellurite sorbitol MacConkey agar, immunomagnetic separation (IMS) and for *E.coli* O157-specific secretory IgA by an enzyme immunoassay. One case was positive by direct culture and three were positive by IMS. Six were positive for specific IgA. Two cases were negative for IgA and excreted the organism for 60 and 89 days respectively. All asymptomatic family contacts were negative for both *E.coli* O157 and IgA. The study illustrates the value of sensitive methods in following up of cases of infection.

DURATION OF OLIGURIA AND ANURIA PREDICTS CHRONIC
RENAL DAMAGE IN POST-DIARRHEAL (D+) HEMOLYTIC UREMIC
SYNDROME (HUS)

V113/I

Richard L. Siegler*, Andrew T. Pavia, Joseph R. Sherbotie, Joshua B. Cook and Stephanie Wallace. Dept. of Pediatrics, Divisions of Nephrology and Infectious Diseases, Univ. of Utah School of Medicine, Salt Lake City, UT, USA

We determined if the presence and duration of oliguria (olig) and anuria (anur) during the acute phase of D+ HUS predicted chronic renal damage one or more years later; 206 children were studied a median of 5 years post HUS (range 1-23 yrs). The incidence of chronic renal sequelae (at the most recent evaluation) in those with and without various periods of oliguria and anuria was as follows:

Duration (days)	Proteinuria		Low GFR		Prot. or Low GFR		Prot. & Low GFR	
	Olig	Anur	Olig	Anur	Olig	Anur	Olig	Anur
0	20%	17%	25%	26%	32%	37%	7%	5%
1-5	20%	23%	27%	26%	38%	41%	5%	8%
6-10	12%	29%	8%	25%	20%	50%	---	4%
> 10	50%	71%	29%	57%	60%	86%	19%	43%

Approximately one-third of the non-oligoanuric patients have renal sequelae (proteinuria or low GFR); it appears to be severe (i.e., combined proteinuria and low GFR) in about 5%. The incidence did not increase significantly until the oligoanuria exceeded 10 days ($p = <.05$), and was most notable in those with prolonged anuria.

V116/I

RISK OF HEMOLYTIC UREMIC SYNDROME (HUS) FOLLOWING SPORADIC *E.COLI* 0157 INFECTION: RESULTS OF A CANADIAN COLLABORATIVE STUDY

Peter C. Rowe, Elaine Orrbine*, George A. Wells, Hermy Lior, Peter N. McLaine, and the CPKDRC co-investigators. University of Ottawa, Children's Hospital of Eastern Ontario, Canadian Pediatric Kidney Disease Research Centre (CPKDRC), Ottawa, Ontario, Canada.

The objective of this study was to better estimate the age-specific risks of HUS and hemolytic anemia (HA) following *E.coli* 0157:H7 infection among a representative cohort of children from the Province of Alberta and to compare this to the rates in children presenting to tertiary care centres in the rest of Canada. Children with HUS or 0157:H7 gastroenteritis were eligible if they were less than 15 years of age, and a stool sample had been submitted to one of 18 participating labs or to one of two Provincial labs in Alberta. Children with 0157:H7 gastroenteritis had blood and urine samples at day 8-10 of the illness to ascertain for hemolysis, anemia, thrombocytopenia, and renal injury. From June 1991 to March 1994, HUS was diagnosed in 205 children. Of these, 77% had evidence of 0157:H7 infection. A further 586 children had 0157:H7 gastroenteritis, of whom 18 had HA. The risk of HUS following 0157:H7 infection in Alberta was 8.1% (95% CI, 5.3-11.6) compared to 31.1% in the rest of Canada. In Alberta, the highest age-specific risk of HUS/ HA was 13% in those less than 5 years of age. These data will help guide clinical care and provide a basis for estimating the sample sizes needed in future treatment trials for the secondary prevention of HUS.

V117/I

EFFECTS OF THE HEMOLYTIC UREMIC SYNDROME ON COGNITIVE, ACADEMIC AND BEHAVIOURAL FUNCTIONING

Anne Schlieper, Elaine Orrbine*, George A. Wells, Peter N. McLaine, William F. Clark, Norman Wolfish, Peter C. Rowe and the CPKDRC co-investigators. Dept. of Psychology, University of Ottawa, Children's Hospital of Eastern Ontario, Canadian Pediatric Kidney Disease Research Centre (CPKDRC), Ottawa, Ontario, Canada.

While the occurrence of severe neurologic sequelae has been well documented following HUS, little information is available on the prevalence of clinically important abnormalities in cognitive function, academic performance, and behaviour in those who escape obvious and severe neurologic deficits during the acute illness. The objective of this study was to examine whether mild cognitive and behavioural abnormalities occur with greater frequency in HUS survivors than among controls. Ninety-one HUS survivors without obvious CNS sequelae at discharge were compared with hospital controls pair-matched on age, sex, socio-economic status, first language and history of acute hospital admission. Cognitive, academic and behavioral tests were administered by psychometrists blinded to patient-control status. No differences were obtained on cognitive nor academic measures [e.g., HUS vs controls: Full scale IQ, 104.9 (SD 13.6) vs 106.2 (12.9), p = .45; WIAT math, 101.7 (11.9) vs 99.8 (15.4), p = .40]. HUS survivors did not show any deficits on behavioural ratings. Children who make an uncomplicated recovery from an acute HUS episode are not at heightened risk for mild CNS sequelae.

**CHARACTERIZATION OF *ESCHERICHIA COLI* O157:H7 BY
PHAGETYPING**

V124/I

R. Khakhria *, M. Mulvey, R. Ahmed, D. Woodward and W. Johnson.
Bureau of Microbiology, LCDC, Ottawa, Ontario, Canada.

Verocytotoxigenic *Escherichia coli* O157:H7 and other serotypes of VTEC have been reported as emerging food-borne pathogens in many countries. In Canada, among human isolates of VTEC, serotype O157:H7 has increased from 25 laboratory confirmed cases in 1982 to 1277 in 1995. Sporadic cases and outbreaks of O157:H7 have been reported from all provinces in Canada. Among the various phenotypic markers, phagotyping of this serotype has provided excellent strain discrimination in epidemiological investigations. During 1990-94, a total of 2425 human isolates, representing 1937 sporadic cases - 488 from 128 outbreaks and 33 cases from nonhuman sources were investigated by the phagotyping scheme for O157:H7 as described by Khakhria et al., (Epid. Infect, 1990, 105: 511: 520). In addition, VT gene typing by PCR of randomly selected 1994 O157:H7 isolates produced different VT genotypes: VT1, VT2, 80.9%; VT1, 1.3%, VT2, 8.4% and 9.0% of the isolates included a VT2v genotype. Phagotyping of *E. coli* O157:H7 has shown excellent discriminatory capability and can be used in conjunction with other markers to determine the epidemiological relationships between human and nonhuman isolates.

LATE GASTROINTESTINAL AND RENAL SEQUELAE FOLLOWING AN OUTBREAK OF *E. COLI* O157:H7-ASSOCIATED HUS IN WASHINGTON STATE. JR Brandt, MW Joseph, PI Tarr, SL Watkins. Children's Hospital and Medical Center, Seattle, WA.

V127/I

Twenty-nine survivors of an outbreak of *E. coli* O157:H7-associated hemolytic uremic syndrome (HUS) were studied prospectively to assess for and identify predictors of, adverse outcomes. At 3 years post-HUS none of the patients had a GFR < 90ml/min/1.73m² nor an elevated serum creatinine. Four percent (1/29) had hypertension. Thirty-one percent (9/29) had developed nonnephrotic proteinuria or hematuria. A large number of patients (21%) suffered gastrointestinal sequelae including cholelithiasis requiring cholecystectomy (3/29), persistent pancreatitis (2/29), late colon stricture (1/29) and/or glucose intolerance requiring insulin therapy (1/29). Logistic regression analysis found gastrointestinal sequelae was associated with hypertension or acute gastrointestinal complications during HUS. Thrombocytopenia lasting more than 10 days during HUS was associated with an increased risk of persistent urinary abnormalities (hematuria and proteinuria). These data suggest that children with *E. coli* associated HUS have evidence of good renal functional outcome 3 years post-HUS although minor urinary abnormalities may be seen. However, gastrointestinal sequelae can be significant in these children.

V128/I

SURVEILLANCE OF *E.COLI* 0157 IN SCOTLAND

W. J. Reilly, Scottish Centre for Infection and Environmental Health, Ruchill Hospital, Glasgow, Scotland

F. Thomson Carter, Scottish E.Coli Reference Laboratory, Aberdeen Royal Hospitals Trust, Aberdeen, Scotland

Scotland has one of the highest rates of infection with *E.coli* 0157 in the world. While most cases are sporadic, in recent years a large milkborne outbreak affected more than 100 people and a general outbreak, associated with a butcher's shop, involved over 410 patients of whom 18 died. The rate of infection in Scotland is several times greater than in other parts of the United Kingdom. Surveillance of laboratory confirmed infections demonstrates the consistent variation that occurs in different geographical areas within Scotland, ranging from 1.1/100,000 of the population to 17.3/100,000 in 1995, a year when only one outbreak was reported. In 1996 rates rose as high as 32.3/100,000. No explanation has been identified for this geographical variation. Reference laboratory typing, particularly phage typing has allowed the emergence of different strains, such as phage type 28, unknown before 1993, to be identified. This strain predominated in 1996 in both humans and animals, yet is relatively rare in the rest of the United Kingdom. This may give some clue for the high rate of infection in Scotland.

V132/I

INCIDENCE OF HUS AND ROLE OF O157 AND NON-O157 VTEC INFECTION IN HUS IN BELGIUM

D. Piérard*, G. Cornu, W. Proesmans, A. Dediste, F. Jacobs, J. Van de Walle, A. Mertens, J. Ramet, S. Lauwers and BVIKM/SBIMC HUS Study Group, AZ-VUB, CU St-Luc, HU Brugmann, HU Erasme, Brussels, UZ Gasthuisberg Leuven, UZ Gent, Ghent, AZ Middelheim, Antwerp, Belgium

To evaluate the incidence of HUS in Belgium and to determine the role of O157 and non-O157 VTEC, 22 centers registered all cases of HUS and when possible collected faecal samples for culture & PCR and serum for LPS antibodies (serotypes O157, O26, O91, O103 & O111). Forty-six cases of HUS (including 5 incomplete cases) were recorded in 36 children (32 post-diarrheic) and 10 adults (5 post-diarrheic). Stools or serum were available from 38 cases. Evidence of VTEC infection was found in 22 children and 1 adult: O157 in 16 cases, O157 + O26, O26, O111, O121, O172, O not typable in 1 case each; in one case no isolate was recovered in spite of a positive PCR for VT2. The yearly incidence of complete HUS was at least 4.2 cases/100 000 children < 5 year and 0.4 cases/100 000 inhabitants, comparable to other data from Europe and North America. More than one fourth of the cases were due to non-O157 VTEC, showing that other serotypes also play a role in HUS in Belgium.

ESCHERICHIA COLI O157 H7 AND URINARY TRACT INFECTION (UTI) V134/I

L. Mooney, M. A. Devine, K. G. Kerr*, Dept. of Microbiology, University of Leeds, Leeds, U.K.

Although the importance of *E. Coli* O157 H7 as a gastrointestinal pathogen is well recognized, there are a paucity of data regarding its role in extraintestinal sepsis. To investigate the hypothesis that this bacterium may be uropathogenic we examined 240 mid-stream specimens of urine from which a "coliform" had been isolated. Only specimens satisfying the Kass criteria, with a leucocyte count of > 50/cu.mm and an absence of epithelial cells on microscopy were examined. Putative *E. coli* isolates were examined by standard biochemical methods, assessment of colonial characteristics on cefixime-tellurite-sorbitol MacConkey and methyl umbelliferyl glucuronide agars using a multipoint-inoculation technique and slide agglutination with anti-O157 antiserum. Of 215 isolates confirmed as *E. coli*, none were identified as belonging to serotype O157 and conclude that this bacterium is not a common etiologic agent of uncomplicated UTI. A similar study with strains associated with pyelonephritis is underway. We are also currently examining strains of *E. coli* O157 from clinical, veterinary and food sources for expression of type 1 and P fimbrial adhesins which are the major virulence determinants of uropathogenic *E. coli* isolates to determine whether the rarity of O157 strains in urinary specimens is due to the absence of these factors.

**A CASE-CONTROL STUDY OF SPORADIC CASES OF O157 AND V136/I
NON-O157 VTEC INFECTION**

Denis Piérard*, Frank Van Loock, Sonja De Bock, Danielle Potters, Gudrun Crabbe, Natasha Crowcroft & Sabine Lauwers. Department of Microbiology, Akademisch Ziekenhuis Vrije Universiteit Brussel & Epidemiology Service, Institute for Hygiene and Epidemiology, Brussels, Belgium.

The aetiology of sporadic VTEC infection was investigated by means of a case-control study. Forty cases (8 O157, 13 eae + and 19 eae - non-O157 VTEC) and 74 matched controls were interviewed about contact with a person with diarrhoea or with animals, recent travel, outdoor activities, eating in a restaurant or in a fast-food establishment, consumption of untreated water and of various foods including raw or undercooked beef. In a preliminary matched analysis of the data using Epi-Info, 3 factors were found to be associated with an increased risk of becoming infected: consumption of fish ($P<0.00005$) and of fromage blanc ($P=0.01$) and contact with a person with diarrhoea ($P=0.048$). Person-to-person transmission and dairy products have already been reported as infection sources. Fish has not yet been associated with VTEC, although VTEC have been isolated from fresh seafood. Future studies should address the role of non-bovine foods.

V147/I INTERNATIONAL OUTBREAK OF *ESCHERICHIA COLI* O157:H7 INFECTIONS ASSOCIATED WITH UNPASTEURIZED COMMERCIAL APPLE JUICE

K. Glynn*, S. Cody, L. Cairns, R. Alexander, M. Fyfe, M. Samadpour, J. Lewis, B. Swaminathan, S. Abbott, R. Hoffman, J. Kobayashi, D. Vugia, P. Griffin. Foodborne and Diarrheal Diseases Branch, CDC, Atlanta, GA; University of Washington and the Health Departments of Seattle King County, British Columbia, California, Colorado, and Washington.

In October 1996, 13 *Escherichia coli* O157:H7 (O157) isolates were identified in the Seattle area which were indistinguishable by an experimental, rapid DNA restriction fragment length polymorphism (RFLP) technique. In a case-control study, all 10 initial cases (defined as cases with a common RFLP pattern) but none of 9 acquaintance controls consumed Brand A unpasteurized apple juice (odds ratio=undefined, p=0.00001). Overall, four states and one Canadian province reported 71 cases (defined as O157 infection in a person who drank Brand A apple juice or had contact with a case-patient in the 10 days before illness began); 40 (56%) were in persons <5 years old (range 1 to 46 years). Twenty-five (36%) patients were hospitalized; 14 (20%) developed HUS; one died. A container of recalled apple juice grew O157 with RFLP and pulsed-field gel electrophoresis patterns indistinguishable from that of case isolates. In this outbreak, timely identification of a common strain and epidemiologic evidence prompted rapid public health action. Quality control practices at the Brand A state-of-the-art facility were insufficient to produce safe juice without the addition of a barrier to microbial growth, such as pasteurization.

V156/I DIFFERENCES IN *ESCHERICHIA COLI* O157:H7 ANNUAL INCIDENCE AMONG FOODNET ACTIVE SURVEILLANCE SITES

Craig Hedberg, Frederick Angulo, John Townes, James Hadler, Duc Vugia, Monica Farley, and the CDC/USDA/FDA Foodborne Diseases Active Surveillance Network.

To determine the magnitude of *Escherichia coli* O157:H7 infections in five sites across the US we initiated active laboratory-based surveillance and surveyed laboratories, physicians and the general public regarding factors associated with the diagnosis of *E. coli* O157:H7. In 1996, the combined annual incidence rate was 2.9/100,000 population, but varied widely by site [0.6 (GA), 1.1 (CA), 2.1 (CT), 2.6 (OR), 5.4 (MN)]. Only the laboratory practice of culturing all bloody stools for *E. coli* O157:H7 affected reporting by site. In CT, OR, and MN >90% of stools were cultured in laboratories that followed this practice, compared to <70% in CA and GA. Adjusting for physician and laboratory culture practices, incidence rates ranged from 1.4 (GA) to 7.8 (MN) cases/ 100,000. Differences in *E. coli* O157:H7 incidence rates by site were not explained by these factors. This suggests the risk of exposure to *E. coli* O157:H7 may vary by site.

HEMOLYTIC UREMIC SYNDROME CAUSED BY *E. COLI* 079:H7

V158/I

Ronald J. Hogg,* Gregory Istre, Joy G. Wells, William F. Bibb, Columbia Hospital at Medical City Dallas, Texas, and the Centers for Disease Control and Prevention, Atlanta, Georgia, USA

Most patients with diarrhea-associated (D+) HUS are infected by Shiga toxin-producing *E. coli* 0157:H7. We describe a patient with D+ HUS infected with *E. coli* 079:H7, a serotype not previously documented to cause HUS in the USA. The patient is a previously healthy 15-year-old white male who presented with abdominal pain and bloody diarrhea followed by progressive thrombocytopenia, anemia and acute renal failure. He was anuric for 3 days and was treated with peritoneal dialysis for 9 days. He also received fresh frozen plasma (1 unit/day) for 4 days. Stool was negative for *E. coli* 0157:H7 in the hospital laboratory but CDC studies revealed *E. coli* 079:H7 which was shown to possess the *stx₂* gene. A greater than four-fold rise in IgG antibody titer to *E. coli* 079 LPS was demonstrated by the ELISA method (acute titer =1:80; convalescent 1:1280) but serum antibodies to 0157:H7 were absent. The patient's GFR returned to normal (91 ml/min/1.73 m²) only 3 weeks after he was started on dialysis. This case report underscores the fact that *E. coli* serotypes other than 0157:H7 may cause HUS in the USA.

TRENDS IN ANTIMICROBIOTIC RESISTANCE OF ENTEROHAEMORRHAGIC *ESCHERICHIA COLI* O157 ISOLATED IN JAPAN

V177/I

Takeshi Itoh¹, Akemi Kai¹, Kaoru Hatakeyama¹, Hiromi Obata¹,
Hideo Igarashi¹ and Yasuo Kudoh²

¹ Department of Microbiology, Tokyo Metropolitan Research
Laboratory of Public Health, Tokyo, Japan

² School of Medicine, Kyorin University, Tokyo, Japan

A total of 311 enterohemorrhagic *Escherichia coli*(EHEC)O157strains from sporadic cases and outbreaks between 1984 and 1996 in Japan were studied for antimicrobial susceptibility using 9 antimicrobial agents ; chloramphenicol(CP), tetracycline(TC), streptomycin(SM), kanamycin(KM), ampicilin(ABPC), sulfamethoxazole-trimethoprim (ST), nalidixic acid(NA), fosfomycin(FOM) and norfloxacin(NFLX). In sporadic cases, 43(16.6%)of 259 strains were resistant.The resistance patterns were as follows ; TC(2.7%), SM(1.9%), ABPC(0.4%), TC·SM (4.6%),TC·ABPC(0.8%), SM·ABPC(1.9%), TC·SM·ABPC(3.5%), SM·ST ·ABPC(0.4%), CP·TC·SM·KM·ABPC(0.4%). The number of multiple resistant strains has been increasing since1993.On the otherhand, all of 52 strains from 9 outbreaks were susceptible to those antibiotics.

V178/I A 13-YEAR STUDY OF ENTEROHAEMORRHAGIC *ESCHERICHIA COLI*(EHEC) INFECTIONS IN TOKYO (1984-1996)

Akemi Kai¹, Hiromi Obata¹, Kaoru Hatakeyama¹, Hideo Igarashi¹,
Takeshi Itoh¹, and Yasuo Kudoh²

¹ Department of Microbiology, Tokyo Metropolitan Research

Laboratory of Public Health, Tokyo, Japan

² School of Medicine, Kyorin University, Tokyo, Japan

In 1996, many outbreaks and sporadic cases unordinary have been reported throughout the country in Japan. In Tokyo, we had 2 outbreaks and 114 sporadic cases including 104 of serotype O157 and 10 of other serotypes. A total of 5 outbreaks have been documented in Tokyo between 1984 and 1995. Those outbreaks occurred in young people such as in a primary school(3 outbreaks) and a nursery school (2 outbreaks). On the other hand, 2 outbreaks in 1996 had occurred at a barbecue restaurant and catering lunch box delicatessen. The barbecue restaurant outbreak was very interesting because initial 3 sporadic cases were found in quite different areas, and the epidemiological investigation, bacteriological and molecular biological analyses indicated the outbreak should be occurred at a restaurant.

V179/I MOLECULAR EPIDEMIOLOGY OF VEROCYTOTOXIN-PRODUCING *ESCHERICHIA COLI*O157:H7 STRAINS ISOLATED IN OSAKA CITY, JAPAN, IN 1996

Y. Nishikawa,* A. Hase, J. Ogasawara, T. Cheasty,¹ G. A. Willshaw,¹
B. Rowe, and A. Yasukawa.

Department of Health and Epidemiology, Osaka City Institute of Public Health and Environmental Sciences, Osaka, Japan, ¹Laboratory of Enteric Pathogens, Central Public Health Laboratory, London, United Kingdom.

In 1996, we experienced a marked increase of patients suffering from enteritis due to Verocytotoxin-producing *Escherichia coli* O157:H7. There were 186 cases in 1996 but none was reported in 1995. To elucidate the reason why the number of patients had increased so dramatically, one hundred sixty-nine isolates were analyzed by pulsed-field gel electrophoresis (PFGE), phage typing (PT), and random amplified polymorphic DNA analysis (RAPD). Isolates were assigned to eleven different phage types, 33 different PFGE patterns, and five RAPD patterns. This study revealed that numbers of sporadic cases caused by *E. coli*/O157 that occurred in 1996 had comprised a regional outbreak due to the organisms belonging to phage type 32. One hundred eleven isolates (65.7%) belonged to the type, and the dates of onset showed a peak on July 15. Some PT-32 strains were distinguished from the prevalent type by PFGE. PFGE was apparently more sensitive than the other methods for differentiation of strains; however, isolates showing the same PFGE pattern were divided into several different groups by PT. Thus by combining PFGE and PT, isolates were classified into 37 different groups, and thirty-nine different groups were identified by combining PFGE, PT, and RAPD. Phage typing provided rapid useful information to understand the occurrence of a regional outbreak, although it is not as discriminatory as PFGE. The use of both PT and PFGE enhances surveillance of *E. coli*/O157.

FREQUENCY OF SHIGA-LIKE TOXIN-PRODUCING *ESCHERICHIA COLI* V180/I
IN BRASILIA CHILDREN, DF, BRAZIL

Iriane C. Piva* and Loreny G. Giugliano

Departamento de Biologia Celular, Laboratório de Microbiologia,
Universidade de Brasília, Brasília, Brasil.

The aim of this study was to determine the frequency with which Shiga-like toxin producing *Escherichia coli* are present in stools from Brasilia children, submitted for bacteriological analysis. A total of 675 *E. coli* strains isolated from 145 children with diarrhea and 143 *E. coli* strains isolated from 32 children without symptom of diarrhea were analysed for the presence of SLT1, SLT 2, eae and EAF genes, besides EHEC plasmids and hemolysin production. Hybridization with SLT 1 was found in 3 (0.4%) of 675 *E. coli* strains isolated from children with diarrhea. Two of those were positive for eae and EAF specific DNA sequences. None of the STEC strains produced hemolysin and all of them were negative for EHEC plasmids. All strains (either isolated from children with diarrhea or isolated from asymptomatic children) were negative for SLT 2. We found a low frequency of SLT producing strains among *E. coli* isolates. The relationship of SLT producing *E. coli* and EPEC strains associated with diarrhea are still unclear. Further investigations are necessary to characterize the "unconventional" STEC which were detected in our study and their possible role in human pathogenicity.

HEMOLYTIC UREMIC SYNDROME AND VEROTOXIN-PRODUCING *ESCHERICHIA COLI* INFECTION IN FRANCE V184/I

B.Deduydt¹, P.Bouvet², P.Mariani³, F.Grimont², PAD.Grimont², B.Huber¹, C.Loirat³.

¹Réseau National de Santé Publique, Saint Maurice, ²Unité des entérobactéries, Institut Pasteur, Paris, ³Hôpital Robert Debré, Paris, France.

To determine the pediatric incidence of hemolytic uremic syndrome (HUS) in France and to specify the role of verotoxin-producing *Escherichia coli* (VTEC) infection, we conducted a study in collaboration with the French Society of Pediatric Nephrology using a retrospective review of all cases of HUS from January 1993 to March 1995 and a one year prospective study of clinical, epidemiological and microbiological features of HUS. 269 cases were reported between January 1993 and March 1996. The average incidence /year was 0.72/10⁵ children <15, 1.78/10⁵ children <5. PCR procedure has been used to detect VT, eae, ehly genes directly from stool samples. Sera samples were examined for antibodies to lipopolysaccharide (LPS) of 25 major VTEC serogroups. During the prospective study, 122/130 cases were examined for evidence of VTEC infection using PCR and/or serological assays. 105 (86%) had evidence of VTEC infection. VT genes were detected in stool samples in 58% of cases, antibodies to LPS O157 in 67%. This study showed that VTEC infection is an important cause of HUS in France, with a high prevalence of O157 serogroup.

V187/I

FEATURES OF *SHIGELLA*-ASSOCIATED HEMOLYTIC UREMIC SYNDROME (HUS) IN CHILDREN.

T. Azim, A. Ronan, W. A. Khan, M. A. Salam, M. J. Albert, M. L. Bennish.*
International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B.),
Dhaka, Bangladesh, *New England Medical Center, Boston, MA, USA.

We determined the incidence and clinical features of HUS in 784 children aged <141 months with culture-proven shigellosis. Of the 20 (2.6%) children who developed HUS 14 (70%) were infected with *S. dysenteriae* type 1 (Sd1) and only 142 of 764 (18.6%) who did not develop HUS were infected by this serotype of *Shigella*. Significantly higher proportion of patients who developed HUS had a history of anorexia (100% vs. 71%; p = 0.002), abdominal pain (80% vs. 52%; p = 0.015) and tenderness (25% vs. 9%; p = 0.031, straining at stools (95% vs. 70%; p = 0.016), history of taking an antibiotic prior to hospitalization (45% vs. 20%; p = 0.011), features of ileus (20% vs. 4%; p = 0.007), and were better nourished (p = 0.018). Association of HUS with prior use of antibiotic and abnormal abdominal radiological findings persisted even when the analysis was restricted to children infected with Sd1. We conclude that HUS may also occur in association with serotypes other than Sd1, and that there is an association of HUS with use of antibiotics prior to hospitalization.

V191/I

AN OUTBREAK OF E.COLI 0157 IN CENTRAL SCOTLAND

Syed Ahmed*, John Cowden, Lanarkshire Health Board, Department of Public Health, Lanarkshire Health Board, 14 Beckford Street, Hamilton, Scotland

On Friday 22 November 1996, Lanarkshire Health Board became aware of 15 possible cases of E.coli 0157 infection (5 of which had been confirmed microbiologically). Initial investigation suggested that all but one of the cases had either consumed cold cooked meat products from a local butcher, or had eaten steak pie at a lunch on 17 November 1996 supplied by the same butcher. Immediate actions were taken to remove the suspected products from the food chain.

So far 415 cases have been identified with symptoms compatible with E.coli 0157 of whom 292 have been confirmed. The organism has been typed as phage type 2, VT1 negative, VT2 positive. E.coli 0157 of the same phage type have been isolated from the food and environmental samples taken from the butcher and all the isolates from these samples are indistinguishable from human cases on pulsed field gel electrophoresis (PFGE).

Sadly, 18 elderly patients have died making this one of the worst food poisoning outbreaks in this country. In total 151 cases have been admitted to hospital.

SUBTYPING OF ENTEROHEMORRHAGIC ESCHERICHIA COLI (EHEC)
ISOLATED IN GERMANY, 1987 - 1996

V194/I

Stojanka Aleksic¹, Anselm Lehmacher¹, Helge Karch², Michael Bülte³,
Jochen Bockemühl¹

¹ National Reference Center for Bacterial Enteric Pathogens, Institute of
Hygiene, Hamburg, Germany

² Institute of Hygienen and Microbiology, University of Würzburg, Germany

³ Justus-Liebig University of Giessen, Germany

1070 shiga-toxins (Stx)-producing strains were isolated and examined in Germany of which about 55% were recovered from human, 33% from animal and 11% from food. To determine the presence of Stx, cell-culture-tests, DNA-colony-blot-hybridization and the polymerase-chain-reaction were performed. A complete virulence pattern was examined in 354 strains (formation of Stx and EHEC haemolysin, presence of the *eaeA* genes). Among the 239 identified serotypes, the predominant serotypes in human strains (311 strains) were *E. coli* O157:H7 and O157:H-. Within 203 examined *E. coli* serotypes of O157:H7/II-, 15 phage types could be differentiated. The four most common were 1,3,4 and 8. Based on the Sorbitol-fermentation and the β-Glucuronidase-production, strains of the O157-group were divided into biovar 1 and 2 and subdivided into further 15 biovars by means of 4 biochemical reactions. Furthermore, data on the resistance of enterohemorrhagic O157 to antibiofical agents, isolated in Germany will be presented.

PHAGE TYPES OF *ESCHERICHIA COLI* O157 ISOLATES FROM HUMAN AND NON-HUMAN SOURCES ENGLAND AND WALES 1992-1996

V197/I

Tom Cheasty,* Brian Jiggle, Henry Smith and Bernard Rowe.
Laboratory of Enteric Pathogens, CPHL, Colindale, London, England.

During 1992-1996, 4115 isolates of Vero cytotoxin-producing *Escherichia coli* O157 were phage typed. There were 2718 isolates from humans, 1298 from animals and 99 from human foods. The animal isolates were from cattle, sheep, goats, pigs, a horse and seagulls. The predominant phage types (PTs) were 2, 49, 1, 4, 8, 21. Since our previous survey (1989-1991) we have observed changes amongst the predominant PTs associated with human infection both in relation to the proportion of strains belonging to individual PTs and also in the PTs most commonly associated with outbreaks. PT2 is still predominant, whereas the numbers of PT49 strains has fallen steadily since 1991. In 1994, PT 2 and PT49 accounted for 46% and 17% respectively of all human isolates, in 1996 PT2 strains totalled 37% and PT49 strains 6%. PTs 8 and 21 have increased significantly in numbers since 1994, becoming the second and third most common PTs found in England and Wales. Phage typing is a valuable tool enabling the rapid identification of outbreaks and epidemiological trends, and all *E. coli* O157 VTEC should be phage typed and VT subtyped. When the clinical or epidemiological situation warrants additional discrimination, further subtyping using molecular-based techniques e.g. PFGE or RFLP analysis may then be initiated.

V208/I

HAEMOLYTIC-UREMIC SYNDROME FOLLOWING A *SHIGELLA DYSENTERIAE* TYPE 1 OUTBREAK IN SOUTH AFRICA

Raiendra Bhimma, Nigel Rollins, Hoosen Mohamed Coovadia, and Miriam Adhakiri, Department of Paediatrics and Child Health, University of Natal, King Edward VIII Hospital, Durban, South Africa

An epidemic of *Shigella dysenteriae* type 1 (SD1) has changed the epidemiology of haemolytic-uraemic syndrome (HUS) in Southern Africa. In this region HUS was endemic but restricted to mainly white children in the northern provinces of South Africa and in Zimbabwe. We report on 81 cases of HUS occurring from July, 1994 to February, 1996, following an outbreak of SD1 dysentery in Kwazulu/Natal province of South Africa. All patients, excluding 1 child, were black (a group previously thought to be at low risk of HUS), with a mean age of 38 m; 50 were males. The mean duration of dysentery on admission was 11.3 days (range 1-41). The majority of patients had acute oliguric renal failure (90.1%); 42 required peritoneal dialysis. Stool culture for SD1 was positive in only 7 patients at the time of admission. Outcome was as follows: recovery 32; impaired renal function 8; chronic renal failure 26; end stage renal disease 1 and death 14 patients. Risk factors, the spectrum and severity of extra-renal complications, management and outcome of these patients differed from patients with *Escherichia coli*-associated HUS. The high mortality and morbidity in SD1-associated HUS presages the need for the development of novel therapy in the management of these patients, which can be used in developing countries.

V209/I

SEROLOGIC EVIDENCE OF INFECTION OF DAIRY FARM FAMILIES WITH NON-O157 VEROTOXIN-PRODUCING *ESCHERICHIA COLI*

Roger Johnson^{1*}, Mohamed Karmali², Mariola Mascarenhas², Shelley Johnson¹, Malcolm Perry³, Jeff Wilson⁴, Robert Clarke¹ and John Spika⁴. Health Canada, Health of Animals Laboratory, Guelph¹ and Laboratory Centre for Disease Control, Ottawa⁴; Hospital for Sick Children, Toronto²; National Research Council, Ottawa³, Canada.

In a previous study, dairy farm family members (DFFM) more frequently had antibodies (Ab) to verotoxin (VT) 1 (41%) than to O157 lipopolysaccharide (LPS) (12.5%). To determine if the higher rate of seroconversion to VT was associated with exposure to non-O157 VT-producing *Escherichia coli* (VTEC) harboured by cattle, we are testing sera from the 236 DFFM and 484 urban residents for Ab to LPS of 10 common bovine non-O157 VTEC serotypes. Results to date for serogroups O26, O111, O113, and O145 indicate a higher frequency of O111 LPS Ab (19%) and O145 LPS Ab (14%) than O157 LPS Ab in DFFM, and that Ab to LPS of O111, O113 and O145 serogroups are more frequently elevated in DFFM (8-19%) than in urban residents (<5%) ($p<0.05$). These preliminary findings provide further evidence for an elevated risk of VTEC infection in DFFM, and for the ability of non-O157 VTEC to infect humans.

RECURRENT DIARRHEA-ASSOCIATED HEMOLYTIC UREMIC SYNDROME
(D+ HUS).

V213/I

T.D. Piscione, M. A. Karmali, D. Stephens, R. Donckerwolcke, P.I. Tarr, E. Harvey, and G.S. Arbus*. The Hospital for Sick Children, Toronto, Ontario, Alberta Children's Hospital, Calgary, Alberta, and Children's Hospital and Medical Center, Seattle, Washington.

The low frequency of antibodies to verotoxin-1 (VT-1) in patients with VT-1 producing Verotoxin-producing *E. coli* (VTEC) infection coupled with reports of 2 cases of recurrent D+ HUS or hemorrhagic colitis (HC) suggests that the development of protective immunity following a primary VTEC infection is limited. We report 3 cases (2 Canadian and 1 from King County, WA) of recurrent D+ HUS to strengthen the concept that primary VTEC infection, like tetanus, does not evoke protective immunity. Each patient (2 females and 1 male) was <2 years (yr) old when they developed either HC or D+ HUS. The etiology for each primary illness was not established although it is presumed to be VTEC infection. All 3 patients developed *E. coli* O157:H7 associated HUS 2 yr., 4.5 yr. and 8.5 yr. respectively, following the original illness. In Canada, about 100 cases of HUS occur annually, and the risk of D+ HUS is estimated to be 1.4 cases/100,000 children <15 yr/annum. During the past 40 yr, at least 3 cases of recurrent HUS per estimated 4,000 primary HUS cases have been identified. This is substantially greater than the expected frequency of 1.4 cases per 100,000 primary HUS cases in the absence of any protective immunity. The reasons for these differences remain to be elucidated. The two stages of VTEC infection at which antibodies may be protective are colonization and toxemia. The apparent lack of protective immunity following a primary VTEC infection indicates that antibody responses following primary infection may be either inadequate or non protective with respect both to the toxins as well as to the colonization factors such as intimin and the secreted proteins.

TWO MAJOR CLONES WERE FOUND DURING A CRISIS OF VTEC O157:H7 (VT1+, VT2+) INFECTION IN JAPAN, 1996 V216/I

Kyoko Yamagata, T. Ramamurthy, Amit Pal, Ken-ichi Yoshino, Toshie Koyama, Hiromichi Fujishima and Tae Takeda*

Department of Infectious Diseases Research, National Children's Medical Research Center, Tokyo and Nagano Research Institute for Health and Pollution, Nagano, Japan.

Since the first outbreak of VTEC O157:H7 (VT1+, VT2+) in the end of May, we had more than 16 outbreaks in parallel with many sporadic cases in 1996. Two major peaks were seen in June and July. The highest peak involved 49 sporadic cases in a day in the middle of July. At the same time, the biggest outbreak in Sakai city was also reported. We carried out molecular analysis to know whether the strains were clonal or not. Many sporadic and outbreak strains from several areas in the middle of June were very similar in PFGE-pattern. The strains collected in July were different from June-isolates, though the July-isolates were very similar each other. Bovine strains from a central Japan were found to be the same in the PFGE-pattern to that of strains isolated in June.

V223/I PREVALENCE OF EHEC INFECTION IN CHILDREN WITH HUS AND HOUSEHOLD CONTACTS VERSUS MATCHED CONTROLS

Prado V.* , Arellano C., Ulloa M.T., Hernández M., Martínez J., Romero P., Cordero J., Soto C.G., Departamento de Microbiología, Facultad de Medicina, Universidad de Chile, Santiago. Hospitales: E. González C., L. Calvo M. y R. del Río.

EHEC is associated with sporadic cases and outbreaks of bloody diarrhea and HUS in children. The source of infection is not clear as the main reservoir for EHEC are contaminated undercooked meat and meat products normally consumed by adults rather than children. We believe that asymptomatic adults may transmit EHEC to children through domestic contact. Using a case/control design, we studied 26 children with HUS and their families for EHEC infections. Also 75 children matched for age, socioeconomic level, and area of residence, along with their families were included as controls. Fecal samples were analyzed for EHEC by DNA probes and cytotoxin by ELISA (EHEC Premier, Meridian OH) considering infection positivity of either probes or cytotoxin. Isolates were tested for 26 different serogroups. EHEC infection was detected in 18 (69.2%) HUS cases and 19 (73.1%) of their families, versus 38 (50.6%) of control children ($p=0.1$), and 54 (72%) of their families (NS). Serogroup O157 was significantly more frequent in HUS cases and their household contacts than in controls. 15 of 37 strains isolated from cases versus 6 out 74 strains isolated for controls ($p=0.0001$). This case/control study gives further evidence that infection by EHEC serogroup O157 represents a risk factor for developing HUS.

V225/I EPIDEMIOLOGY OF VEROTOXIN-PRODUCING *ESCHERICHIA COLI* (VTEC) INFECTIONS IN ARGENTINA

Contrini MM, De Rosa MF, Furmanski S, Parma A, Sanz M, Canepa C, Cleary TG, López EL. Hospital de Niños, Buenos Aires, Argentina. Univ.Nac.Tandil, Argentina. Dept.of Pediatr., Univ.of Texas, USA.

It has been estimated about 250-300 HUS cases per year occur in Buenos Aires. Because of this, we sought to define the role of Verotoxins in patients with HUS, bloody diarrhea (BD), watery diarrhea (WD) and healthy children (HC). Cattle have been described as the reservoir for bacteria that cause these diseases. In Argentina the bovine meat consumption per capita is extremely high. We therefore decided to study cattle and meat as potential reservoirs of VTEC. We studied: children with HUS n=103 (16 ± 9.6 m), BD n=254 (18.8 ± 12.5 m), WD n=100 (14.6 ± 8.7 m) and HC n=103 (20.9 ± 11.1 m). The incidence of SLT-associated (SLT-a) illness in Argentina was: WD: 21/100 (21%); HUS: 42/73 (57/5%) ($p<0.001$) and 99/254 (38.9%) of BD ($p<0.005$). *E.coli* O157:H7 was isolated in 3% of children. Our data show that 31.5% of cows had VTEC in their feces and 22.7% of the meat samples contained VTEC. **CONCLUSIONS:** 1) The high incidence of SLT-a BD presumably explains the unusual frequency of HUS in Argentina; 2) There is a significant difference between the incidence of SLT-a BD (39%) and SLT-a WD (21%) ($p=0.002$); 3) Evidence of SLT-producing *E.coli* in fecal samples of cattle could explain the role of the animals as source of EHEC in Argentina.

A SURVEY OF THE PREVALENCE OF O157 VTEC IN RAW MEATS IN V2/II
SOUTH-EAST SCOTLAND

John E Coia*, Mary F Hanson
Department of Clinical Microbiology, Western General Hospital,
Edinburgh, Scotland

Infections caused by verocytotoxigenic *E.coli* O157 (O157 VTEC) have emerged as a major public health concern in North America and in Europe. South-east Scotland has rates of O157 VTEC infection amongst the highest in the UK. Although meat products have been implicated in a number of outbreaks, the lack of suitable methods of sufficient sensitivity for the routine detection of the organism in foodstuffs has frustrated attempts to further define these associations. The recently developed technique of immunomagnetic separation (IMS) has revolutionised our ability to isolate the organism, with an increase in sensitivity of between ten and one-hundredfold. The current study aims to determine the proportion of retail meat samples in which O157 VTEC is present. 1000 samples of raw retail meats (80%beef; 20% lamb) submitted by local environmental health departments will be examined for O157 VTEC by the IMS technique. Results of the analysis of the first 300 specimens will be presented.

BEHAVIOUR OF *E. COLI* O157:H7 IN DRY FERMENTED SAUSAGES V7/II

Christina M. Kofoth*, Manfred Gareis and Wolfgang Rödel
Institut für Mikrobiologie und Toxikologie, Bundesanstalt für
Fleischforschung, Kulmbach, Germany

The behaviour of *E. coli* O157:H7 in dry fermented sausages was studied in order to meet the demands of the American Food Safety Inspection Service (FSIS) and the German Federal Meat Association. Three different types of products namely a long fermented salami, a fat reduced salami and a "Teewurst" were produced and the batter inoculated with bacterial loads of 10^2 and 10^6 CFU/g. Different pools of *E. coli* O157:H7 isolates originating from stool, faeces and food samples were used as inocula. A reduction of the *E. coli* counts towards zero was noted in sausages after 4 and 12 weeks in long-time fermented salamis challenged with 10^2 and 10^6 CFU/g, respectively. In the lean type salami a reduction of one log in the samples inoculated with 10^2 *E. coli* was noted in the 5th week, while a decrease of three log was observed in case of the higher inoculum. In contrast to these types of sausages similar degrees in reduction of *E. coli* could not be obtained in the Teewurst samples. This study demonstrates that long ripening of dry fermented sausages could enable reduction rates up to 5 log₁₀ of *E. coli* O157:H7. It also could be proved that *E. coli* O157:H7 in dry fermented sausages is mainly dependent on the substratum (i.e. the composition of the batter), the technology of production used and moreover on the bacterial load itself and the combination of the isolates used as pool for the inoculation.

V13/II

TRANSFORMATION OF SHIGATOXIN - ENCODING GENES

Yngvild Wasteson*, Birgit Klungseth Johansen and Line Vold

Norwegian College of Veterinary Medicine, Oslo, Norway

We are studying if transformation of Shigatoxin-encoding genes can play a role in the spreading of the toxin genes. Free DNA can be released to the environment after heat-killing the bacterium. We have shown that even after autoclaving an overnight broth of Shigatoxinogenic *E. coli* O157:H7, specific *stx*₁ and *stx*₂ fragments can be amplified by PCR. Such autoclaved material was used in transformation experiments with XL-1 competent cells. Semi-nested PCR amplification of transformants with *stx*₁ and *stx*₂ - specific primer sets revealed PCR fragments about 200 basepairs longer than the products found when performing a similar PCR on *E. coli* O157:H7. Sequence analysis of these fragments will be presented. In light of the recent finding that *E. coli* is shown able to develop natural competence in freshwater, transformation experiments under conditions simulating natural environments are currently being performed.

V22/II

A SURVEY OF RAW BEEF AND RAW MILK FROM NORTHERN IRELAND FOR THE VIRULENCE FACTORS OF ENTEROVIRULENT *ESCHERICHIA COLI* (EVEC).

Jeremy Weaver and Michael Rowe*

Department of Food Science (Food Microbiology), The Queen's University of Belfast, Newforge Lane, Belfast, N. Ireland and Department of Agriculture for Northern Ireland, Belfast.

Samples of raw beef (n=101) and raw milk (n=101) were tested using multiplex polymerase chain reaction assay to determine the incidence of the virulence factor genes of the four main types of EVEC viz. enteropathogenic, enterotoxigenic, enteroinvasive and enterohemorrhagic/verotoxigenic. The results of the beef survey showed that one sample possessed the 'attaching and effacing' (*eaeA*) gene and three possessed the gene for verotoxin 2 (VT2). The milk survey showed that one sample possessed the *eaeA* gene and six possessed the VT2 gene.

LONGITUDINAL STUDY OF *E. COLI* O157 ON FOUR DAIRY FARMS
IN WISCONSIN. J. A. Shere, K. J. Bartlett, and C. W. Kaspar^{*}. USDA,
APHIS, Veterinary Services and the Food Research Institute, University of
Wisconsin, Madison, WI.

V23/II

A 14-month longitudinal study was conducted on four dairy farms (C, H, R, and X) in Wisconsin to ascertain the source(s) and dissemination of *E. coli* O157. A cohort group of 15 heifer calves from each farm were sampled from birth to a minimum of 7 months of age (range 7-13 months). The cohort heifers and other randomly selected cattle from farms C and H tested negative. Farm R had two separate outbreaks of *E. coli* O157 lasting 4 months and 1 month in duration while farm X had at least one positive heifer for a 9-month period. *E. coli* O157 was also isolated from other cattle, feed, flies, pigeon, and water associated with the cohort heifers. The number of positive cattle increased following detection of O157 strains in animal drinking water. *E. coli* O157 was found in water at <1 CFU/ml to 50 CFU/ml. Positive heifers shed O157 strains in feces for 1-8 weeks at levels ranging from 200 to 8.7×10^4 per gram. When negative heifers were co-mingled with positive cattle, shedding of *E. coli* O157 occurred in as little as one week post-grouping. These data further highlight contaminated water and grouping as important factors in the dissemination of *E. coli* O157 among dairy cattle.

HIGH OCCURRENCE OF *ESCHERICHIA COLI* SHIGA TOXIN (*Stx*)GENE
SEQUENCES IN HEALTHY CATTLE AT RIO DE JANEIRO, BRAZIL, USING PCR

V25/II

A.M.F. Cerqueira^{*1}, Beatriz E.C. Gulh², Sheila Farage¹, E.A. Correa³, R.M. Joaquim¹, H.S. Luz¹, Michele P. Lima¹, Esther H.R.B. Prado⁴, Claudia O. Cruz⁴ and J.R.C. Andrade⁴. Dep. de Microbiologia e Parasitologia, UFF¹, Fac. de Medicina Veleináia, UNIGRANRIO³, Disc. de Microbiologia e Imunologia UERJ⁴, Rio de Janeiro and Dep. de Microbiologia e Imunologia, UNFESP², São Paulo, Brazil

Fecal samples of 121 healthy animals from 10 dairy farms were examined for *stx* gene sequences by PCR. Identity of the amplification products was confirmed by dot blot hybridization with *stx1* and *stx2* probes. Isolation of *Stx*-producing *Escherichia coli* (STEC) from PCR-positive samples were based on colony blotting and hybridization with *stx* probes. For presumptive isolation of O157:H7 *E.coli* the Tellurite-Cefixime Sorbitol McConkey Agar (TC-SMAC) was used. A high frequency (82%) of *stx* sequences was found. Most samples (69%) harbored both *stx1* and *stx2* sequences, while only *stx1* or *stx2* occurred in 19% and 12% of the samples, respectively. Five *stx1* non-O157 colonies from 2 PCR-positive samples were already isolated and were cytotoxic for Vero cells. The use of TC-SMAC allowed the isolation of 17 O157:H7 colonies from 2 calves at different farms. These isolates were *stx2* probe-positive, but no cytotoxic activity was observed in Vero cells. This is the first report of isolation of O157:H7 *E.coli* in Brazil. The high frequency of *stx* sequences in bovine feces is probably related to the high occurrence of STEC described in beef products at Rio de Janeiro.

DYNABEADS® PLUS 3M PETRIFILM-HEC®: AN IMPROVED SCREENING METHOD FOR DETECTION OF *E. COLI* O157 FROM MINCED BEEF

Katharina Grif, Manfred P. Dierich, Franz Allerberger*

Institut für Hygiene, Universität Innsbruck, Innsbruck, Austria

Immunomagnetic separation (IMS) technique (Dynabeads®, Dynal, N) resulted in improved sensitivity of detection, when screening meat products for *E. coli* O157. The number of sorbitol non-fermenting microorganisms other than *E. coli* O157 that adhere non-specifically to the magnetic beads hampers the application of this method. We combined IMS with 3M Petrifilm-HEC® (3M Company, MN). After enrichment in „m-EC + n“ medium (42°C for 6 h) and IMS followed by subculture to 3M Petrifilm (42°C for 18 h), the Petrifilm® plates were tested for the presence of the O157 antigen using the Petrifilm® HEC direct blot ELISA. Samples giving positive disc blots were then subjected to further analysis. This combination limits the number of false positive results. Detection sensitivity was approx. 20 CFU/g artificially inoculated minced beef. Testing this method on 153 samples of minced beef (incl. 21 naturally contaminated) sensitivity was 100% and specificity 80.3%. The Vitek Immunodiagnostic Assay System (VIDAS *E. coli* O157; bioMérieux, F) gave 19% sensitivity and 85.6% specificity, the VIP® (BioControl Systems, WA) 31.3% sensitivity and 86.4% specificity. The combination of IMS with 3M Petrifilm-HEC® is a fast and efficient screening procedure for *E. coli* O157 in minced beef and mitigates some of the problems of IMS.

EPIDEMIOLOGICAL AND GENETICAL RELATIONSHIPS BETWEEN SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC) ISOLATED FROM SINGLE POPULATIONS OF CATTLE AND SHEEP

Lothar Beutin*¹; Dorothee Geier¹, Sonja Zimmermann¹, Stojanka Aleksić², Harold A. Gillespie³ and Thomas A. Whittam³

1) Robert Koch-Institut, Berlin, Germany, 2) Hyg. Institut, Hamburg, Germany, 3) Pennsylvania State University, University Park, USA

Two separate populations of cattle (N=19) and sheep (N=25) were investigated for Shiga-Toxin (Stx) producing *E. coli* (STEC) over a 6-months period. STEC were isolated from 63.2% of cattle and 88.0% of sheep. STEC from cattle and sheep were heterogeneous for their serotypes and ETs. Some types of STEC were predominating in cattle (O116:H21, ET14) and others in sheep (O125, ET4; O128:H2, ET11 and O146:H21, ET14). All other STEC types occurred only sporadically. In contrast to their diversity, STEC from distinct animal populations were very similar for their *stx*-genotypes. Genetic rearrangements in closely related STEC O146:H21 strains could be associated with altered chromosomal locations of *stx1* and *stx2* genes. Our results are indicating that *stx*-encoding bacteriophages might be the origin of the genetic heterogeneity in STEC from animals.

**EVALUATION OF VIDAS™ *E.COLI* O157 FOR DETECTING OF V40/II
ESCHERICHIA COLI O157 IN NATURALLY CONTAMINATED
FOOD SAMPLES**

C. Vernozy-Rozand*, C. Mazuy, S. Ray-Gueniot and Y. Richard
Unité de Microbiologie, Ecole Nationale Vétérinaire ,Lyon,France.

An automated enzyme linked fluorescent immunoassay (ELFA) VIDAS™ *E. coli* O157 was compared with immunomagnetic separation followed by culture to cefixime tellurite Mac Conkey agar (CTSMAC) for detecting *E. coli* O157 in more than 300 naturally contaminated food samples including raw milk cheeses, poultry, raw sausages and ground beef retail samples. Confirmation of the positive samples by ELFA was performed by automated immunoconcentration system VIDAS ICE which allows selective capture and release of target organisms.

**THE OCCURRENCE OF VEROCYTOTOXIN-PRODUCING V61/II
ESCHERICHIA COLI O157 ON DAIRY HERDS
IN THE NETHERLANDS**

A. Heuvelink*, E. de Boer, R. Herbes, R. Huiben, J. Meis and L. Monnens
Dept. of Med. Microbiology and Pediatrics, Univ. Hospital Nijmegen;
Inspectorate for Health Protection, Zutphen; Veterinary Inspectorate, Arnhem;
Institute for Animal Health, Deventer, the Netherlands

To determine the occurrence of O157 VTEC on dairy herds in the Netherlands, 10 farms were visited from September through December 1996. The farms (randomly selected) were located in the northern and eastern part of the country, where dairy herds are most concentrated. Fecal samples were collected from all cows, heifers, yearlings, weaned calves, and preweaned calves present. Following enrichment in modified *E. coli* broth with novobiocin (mEC+n) and immunomagnetic separation of *E. coli* O157, the samples were inoculated onto sorbitol MacConkey agar supplemented with cefixime and tellurite (CT-SMAC). The proportion of animals infected varied from 0-22.4%. Seven farms were identified as O157 VTEC-positive. O157 VTEC were recovered from 34 (7.4%) of 458 cows, from 3 (1.4%) of 218 heifers, from 5 (2.7%) of 186 yearlings, from 29 (14.7%) of 198 weaned calves, and from 4 (4.7%) of 85 preweaned calves. These results confirm that healthy cattle are a reservoir of O157 VTEC, and that the infection rate is highest among weaned calves. Currently, follow-up visits are being performed.

VEROCYTOTOXIN-PRODUCING *ESCHERICHIA COLI* O157 IN FECES OF DUTCH VEAL CALVES AND ADULT CATTLE

A. Heuvelink*, E. de Boer, R. Herbes, W. Melchers, J. Huis in 't Veld and L. Monnens. Dept. of Med. Microbiology and Pediatrics, Univ. Hospital Nijmegen; Inspectorate for Health Protection, Zutphen; Veterinary Inspectorate, Arnhem; Faculty of Veterinary Science, Univ. of Utrecht, the Netherlands

Both in 1995 and 1996, feces of dutch veal calves and adult cattle were examined for the presence of O157 VTEC. The samples were collected at the main slaughterhouses of the Netherlands (located at different places in the country), weekly from July until November. Following selective enrichment in modified *E. coli* broth containing novobiocin (mEC+n), the feces were plated onto sorbitol MacConkey agar (SMAC) supplemented with cefixime and tellurite (CT-SMAC) both directly and after incorporation of an immunomagnetic separation (IMS) step of *E. coli* O157. In 1995, O157 VTEC were isolated from one (0.5%) of 183 fecal samples of veal calves and from 30 (11.1%) of 270 fecal samples of adult cattle. In 1996, O157 VTEC were isolated from one (0.1%) of 214 veal calves and from 27 (10.0%) of 270 adult cattle. The IMS method proved to be far the most sensitive method. Among the 59 isolates, twelve different phage types were identified, types 8 (18.6%), 14 (15.3%) and 31 (11.9%) being the most common. A number (16.9%) of strains could not be phage typed. Dutch cattle appeared to be an important reservoir of human pathogenic O157 VTEC.

REDUCTION OF *ESCHERICHIA COLI* O157:H7 IN DAIRY CATTLE BY SELECTED PROBIOTIC BACTERIA

Tong Zhao, Michael P. Doyle*, Barry G. Harmon, and Cathy A. Brown
Center for Food Safety and Quality Enhancement, Department of Food Science and Technology and Department of Pathology, University of Georgia, Georgia, USA

Fifteen cannulated calves were studied to determine the efficiency of selected probiotic bacteria on reducing/eliminating carriage of *E. coli* O157:H7 (O157). Of 9 control calves administered O157 only, O157 was detected intermittently in rumen samples of all animals throughout 3 weeks postinoculation, and was shed at various levels in feces continuously throughout the experiment (mean 28 days). O157 was isolated from the rumen and colon of 8 of 9 and 9 of 9 calves, respectively, at the termination of the study. Six calves received orally probiotic bacteria (10^{10} CFU) followed 2 days later with O157 (10^{10} CFU). O157 was detected in the rumen for only 9 days postinoculation in two animals, for 16 days in one animal, for 17 days in two animals and for 29 days in one animal. O157 was detected in feces for only 11 days postinoculation in one animal, for 15 days in one animal, for 17 days in one animal, for 18 days in one animal, for 19 days in one animal, and 29 days in one animal. Results indicate that selected probiotic bacteria can reduce the carriage of O157 by cattle when administered before exposure to O157.

INTERACTION BETWEEN *ESCHERICHIA COLI* O157:H7 AND FOOD SPOILAGE BACTERIA V65/II

David McCleery and Michael Rowe* The Queen's University of Belfast, Department of Food Science, Belfast, UK, and Food Microbiology, Department of Agriculture for Northern Ireland, Belfast, UK.

A novel selective plating procedure was used to enumerate *Escherichia coli* O157:H7 from raw minced beef samples inoculated with a three strain mixture of this pathogen and stored in both aerobic and vacuum packed environments. Comparison of the resultant growth characteristics of this pathogen with those observed in control samples, comprising minced beef previously sterilized by irradiation, demonstrated that in vacuum packed samples stored at 15°C, the natural meat microflora inhibited the growth O157:H7. Incubation of this pathogen in raw meat environments was shown to enhance its ability to grow in acidified laboratory media.

VIRULENCE COMPARISON OF *ESCHERICHIA COLI* O157:H7 STRAINS FROM BOVINE AND HUMAN ORIGIN V66/II

Diane R. Baker¹, David H. Francis^{*1}, and Rodney A. Moxley² ¹South Dakota State University, Dept. of Vet. Sci., Brookings, SD, ²University of Nebraska-Lincoln, Dept. of Vet. & Biomed. Sci., Lincoln, NE

The virulence of ten O157:H7 strains from healthy cattle and ten strains from multiperson disease outbreaks were compared. All strains were DNA probe-positive for *slt-I* and *slt-II*, and *eae*, and all were positive in the Vero cell cytotoxicity assay. Five 1-day-old gnotobiotic pigs were inoculated per os with each bacterial strain, and observed for clinical signs of diarrhea, anorexia, depression, and signs of central nervous system disease for 8 days or until they became debilitated, then euthanatized and subjected to necropsy and histologic examination. The clinical and pathological results show significant virulence differences in outcomes between bovine-origin and human-origin strains. The results of this study suggest that the gnotobiotic piglet model is a predictor of virulence of O157:H7 *E. coli* strains for human beings, and possibly a predictor of strains which pose the greatest risk for causing HUS. The 20 strains used were also evaluated for SLT production with a quantitative verotoxin assay. These toxin production results were compared with the results of the gnotobiotic virulence ranking to assess in vitro and in vivo virulence similarities.

V71/II CELL DENSITY DEPENDENT ACID SENSITIVITY IN *ESCHERICHIA COLI* O157:H7

Atin R. Datta* and Melissa M. Benjamin
Center for Food Safety and Applied Nutrition
Food and Drug Administration
200 C Street S.W. Washington DC 20204.

Bacterial ability to survive in highly acidic gastric environment plays a crucial role in food and waterborne diseases. *Escherichia coli* O157:H7, the causative agent of hemolytic uremic syndrome and hemorrhagic colitis, is recognized as a major foodborne pathogen. Importance of this pathogen in public health has been underscored by several recent outbreaks including one in Japan involving about 8000 people. Strains of *E.coli* O157:H7 have been shown to be very resistant to low pH (pH 2-3). The high level of acid resistance of these organisms have been implicated in their ability to survive in acidic foods (apple juice, mayonnaise etc.) and their low infective dose (10-100 CFU). The high level of acid resistance of stationary phase cultures of *E.coli* O157:H7 was found to be dependent on the cell density. At high cell density, the culture was 3-4 log more sensitive than the same culture diluted 100-1000 fold. This cell density dependent acid sensitivity (CDDAS) was mediated by a readily diffusible low molecular weight substance produced in stationary phase. The active substance increased acid sensitivity of several gram-negative and gram-positive bacteria raising the possibility that this substance might be useful in controlling acid tolerance of foodborne pathogens. Although mutation in the *rpoS* gene made cells more sensitive to acidic pH, it completely eliminated the CDDAS.

V72/II DIETARY INFLUENCES ON THE SHEDDING OF *Escherichia coli* O157:H7 BY RUMINANTS.

Indira T. Kudva, Carl W. Hunt, Christopher J. Williams, Ursula M. Nance and Carolyn J. Hovde*. Dept. of Microbiology, Molecular Biology and Biochemistry, Dept. of Animal and Veterinary Sciences and Division of Statistics, University of Idaho, Moscow, Idaho.

Pre-harvest dietary management may play a role in reducing the incidence of *E. coli* O157:H7-positive ruminants. We investigated the effect of: i) two diets with opposite nutritional qualities (grass-hay, G, and corn/pelleted alfalfa, C), ii) an abrupt diet change and iii) fasting on the shedding of *E. coli* O157:H7. Feces were cultured both by a non- and a selective- enrichment protocol, from sheep experimentally inoculated with *E. coli* O157:H7. Sheep fed G shed the bacterium almost twice as long and in higher numbers than sheep fed C. Increased shedding was observed when the diet was abruptly changed from C to G while the opposite dietary change (G to C) decreased shedding of *E. coli* O157:H7. In this study, a 24 hr fast did not influence *E. coli* O157:H7 shedding. Similar effects of diet on the shedding of *E. coli* O157:H7 by cattle will also be presented.

RAPID AND SPECIFIC FLUOROGENIC PCR-BASED SYSTEM FOR THE
DETECTION OF SHIGA-LIKE TOXINS I AND II PRODUCING *E. COLI*

V73/II

Michael Ho,* Susan Flood, Edgar Schreiber, Michi Matsuura, and
Christine Paszko-Kolva
Perkin Elmer Applied Biosystems, Foster City, California, USA

Escherichia coli strains which produce Shiga-like toxins I and II have been responsible for major food-borne outbreaks. A rapid and specific fluorogenic PCR-based detection system has been developed for Shiga-like toxin producing *E. coli* (SLTEC) to avoid tedious and lengthy post-PCR detection and enable initial template quantification. This novel PCR assay exploits the endogenous 5' nuclease activity of AmpliTaq™ DNA polymerase which cleaves the fluorogenic probe that hybridizes to a target site between the PCR primers during amplification. This cleavage results in an increase in fluorescence which can be measured quantitatively and scored test samples for the presence of SLT genes. More than 100 SLTEC and 50 non-pathogenic *E. coli* or common enteric bacteria have been tested using our SLT-I and II assay systems and the results were highly correlated with those obtained using independent methods such as Vero cell cytotoxicity or immunological tests. These systems are robust and powerful providing a fast and specific mechanism for the detection of SLTEC in food and environmental samples.

A TWO YEAR STUDY OF *ESCHERICHIA COLI* O157 IN CATTLE,
PIGS, SHEEP, POULTRY AND RETAIL MEAT PRODUCTS

V100/II

P Chapman*, C Siddons, A Cerdan Malo and M Harkin
Regional Public Health Laboratory, Sheffield, UK

Faecal samples from 4800 cattle, 1000 pigs, 1000 sheep and 1000 chickens were collected over a one year period and examined for *E.coli* O157 by immunomagnetic separation and culture onto cefixime tellurite sorbitol MacConkey agar. Strains were characterised by phage type, plasmid profile, toxin genotype, eaeA gene and H antigen. Strains of *E.coli* O157 (almost 100 subtypes) were isolated from 15.7% of cattle with a monthly prevalence which varied from 6 to 30%. VT⁺ *E.coli* O157 was isolated from 2.2% of sheep but not from either pigs or chickens. In the second year of the study 2062 samples of raw retail processed meats have so far been examined as above. Despite the prevalence in cattle being much higher than in sheep, *E.coli* O157 was isolated from 5.9% of lamb products and 1.5% of beef products, with the highest prevalence (7.5%) being in lambburgers. The study is ongoing and work is in progress to try to explain this higher prevalence in lamb products.

V129/II PREVALENCE OF *ESCHERICHIA COLI* O157 IN MEAT IN DENMARK

Jeppe Boel, Søren Aabo, Bent Mariager and Bodil Jacobsen

Institut for Toksikologi, Levnedsmiddelstyrelsen, København, Danmark

In a nationwide survey 2112 retail samples of minced beef (1584) and pork (528) were investigated for *Escherichia coli* O157. The samples were analyzed by the use of enrichment, immunomagnetic separation (1608 samples) and sorbitol MacConkey agar containing cefixime and tellurite. Seven *E. coli* O157 strains were recovered from seven samples (0,3%). Four strains, two from beef (H7 and H-) and two from pork (H7 and H-) were shown to produce verotoxin (VT) by a vero cell assay. PCR analysis revealed that one strain was VT1 and four strains were VT2 positive. The VT positive strains possessed the eae gene and a 60 MD plasmid. The VT negative O157 strains originated from pork (2) and beef (1) (H- and Hro). The VT positive pork samples were demonstrated to contain a bovine serum protein by ELISA. In this survey it is established that *E. coli* O157:H7/H- can be isolated from minced meat in Denmark and that other minced meat types than beef may play a role as source of infection due to possible cross contamination at the retail level. The VT positive *E. coli* O157 exhibited the expected virulence markers whereas the VT negative did not.

V154/II EFFECTS OF THE RUMEN MICROENVIRONMENT ON THE GROWTH
AND FECAL SHEDDING OF *E. COLI* O157:H7

Suzana Tkalcic, Barry G. Harmon*, Cathy A. Brown, E. Mueller, A. Parks, T. Zhao, M.P. Doyle

Department of Pathology and Department of Food Science and Technology,
University of Georgia, Georgia, USA

The effects of fasting on the rumen microenvironment and on the ruminal proliferation and fecal shedding of *E. coli* O157:H7 were studied. Nine calves were fitted with rumen cannulas and inoculated with 10^{10} CFU of *E. coli* O157:H7. Ruminal volatile fatty acids (acetic, propionic, and butyric) concentration and pH, along with *E. coli* O157:H7 populations in the rumen and feces, were monitored before, during, and after two 48-hour fasts. In all calves, fasting decreased the ruminal concentration of volatile fatty acids (VFAs) and increased ruminal pH. While daily ruminal and fecal *E. coli* O157:H7 numbers did not directly correlate with daily ruminal VFAs or pH, fasted calves had lower average ruminal VFAs and larger populations of *E. coli* O157:H7 shed in the feces than did nonfasted control calves. These results suggest that changes in the environment of the gastrointestinal tract induced by fasting, such as decreases in ruminal VFA concentrations, may increase fecal shedding of *E. coli* O157:H7.

ESTIMATED ANNUAL COSTS OF *ESCHERICHIA COLI* 0157:H7
DISEASE IN THE UNITED STATES

V155/II

Tanya Roberts,* and Jean C. Buzby
Food Safety Branch, Food and Consumer Economics Division, Economic
Research Service, U.S. Department of Agriculture (USDA), Washington
D.C., USA

This study updates previously estimated costs of *E. coli* O157:H7 disease for the estimated 10,000-20,000 annual cases and 200-500 associated deaths in the United States. The cost-of-illness method was used and included the estimation of both medical costs and costs of lost productivity. Estimated annual U.S. costs of *E. coli* O157:H7 disease total \$381-\$913 million (in 1995 dollars). Assuming 80% of these cases are foodborne, foodborne costs total \$304-\$730 million each year. These foodborne cost estimates represent the maximum benefits that could be achieved by reducing *E. coli* O157:H7 in the U.S. food supply. Cost estimates such as these were used to calculate the benefits of USDA's Hazard Analysis Critical Control Point (HACCP) system to improve the safety of the U.S. meat and poultry.

CHARACTERIZATION OF VEROTOXIGENIC *ESCHERICHIA COLI* FROM V171/II
RAW AND READY-TO-EAT MEAT PRODUCTS

AJ Yee^{1*}, A Martin¹, M Rozwadowski¹, S Read², K Rahn², R Johnson², P Johnson¹, D Alves¹, E Todd², K Sandu³ and CL Gyles^{3,1} Ontario Ministry of Agriculture, Food and Rural Affairs, ² Health Canada, ³ University of Guelph, Ontario, Canada.

Strains of verotoxin-producing *Escherichia coli* (VTEC) isolated from 1,070 raw and ready-to-eat meat products were tested for potential virulence attributes including toxin type, EHEC-hemolysin (EHEC hly), *eaeA* and *bfp* genes, a 60 MDa plasmid, and the EAF plasmid. Strains were tested by PCR for VT1, VT2, *eaeA*, *bfp*, EAF, and EHEC hly sequences, and plasmid profiles screened for the 60MDa plasmid. Isolates were also tested for EHEC hemolysin activity on washed sheep blood agar. Of the 25 isolates none were O157:H7, although 11 belonged to serotypes associated with human disease, including O5:NM, O22:H8, O91:H14, O91:H21, O91:NM, O103:H2, and O153:H25. One O103:H2 isolate contained the *eaeA* gene, none possessed the EAF plasmid or *bfp*, and 12 contained a 60 MDa plasmid. Typical enterohemolysin activity was detected in 11 isolates which were also positive by PCR for EHEC hly sequences. EHEC hly activity was the most consistent virulence marker in serotypes associated with human disease.

THE SURVIVAL OF *ESCHERICHIA COLI* O157 IN MODEL ECOSYSTEMS AND ON SURFACES

Andrew Maule*, Division of Research, Centre for Applied Microbiology and Research, Porton Down, Salisbury, Wiltshire, U.K.

The aim of this work is to investigate how well verocytotoxin-producing *Esch. coli* O157 survived in soil, water, cattle faeces and on surfaces simulating those used in food manufacturing. The studies were performed using laboratory-based model systems and survival of *Esch. coli* O157 determined by viable counts on various selective and differential growth media. It was demonstrated that VTEC could survive for more than 150 days in soil cores, and 90 days in cattle faeces. However, survival was much reduced in cattle slurry (20 days) and river water (15 days). When VTEC were deposited onto stainless steel surfaces they remained viable for more than 40 days. Survival was enhanced at temperatures below 20°C. These studies show that VTEC are able to survive for extended periods in soil, water and on surfaces simulating those used in food processing and production. Considering the infective dose for VTEC infection is extremely low their ability to survive adverse conditions has important implications in the spread of this disease.

V186/II COMPARISON OF METHODS FOR DETECTION OF *ESCHERICHIA COLI* O157 IN RAW MEAT.

Søren Aabo, Jeppe Boel, Bent Mariager and Bodil Jacobsen

Institut for Toksikologi, Levnedsmiddelstyrelsen, København, Danmark

Three culture methods and two immunoassays were compared in a collaborative study involving 10 laboratories. Freeze dried cultures were distributed to the laboratories which sampled and spiked the meat with 50 cfu/25g, 2 cfu/25g and 0 cfu/25g. The same enrichment culture (ECn) was used for all methods. Six hours of incubation were used for direct plating on sorbitol MacConkey agar with cefixime and tellurite (CT-SMAC), immunomagnetic separation (IMS) and plating on CT-SMAC and IMS followed by 3M Petrifilm HEC-testkit^R. Incubation in 18-22 hours preceded the TECRA O157 visual immunoassay and the EHEC-TEK kit from Organon Teknika. No statistical difference were observed between the methods at any spiking level. At 50 cfu/25g 90-95% of the samples were detected with any of the methods. At 2 cfu/25g IMS-CT-SMAC showed the lowest detection rate (46%) while most of the samples (60%) were positive by the IMS-Petrifilm. Part of the explanation of the low positive rate at the low spiking level could be absence of *E. coli* O157 in the spiking volume.

DEVELOPMENT AND EVALUATION OF A 24HR METHOD (*E. coli*
SELeCTTM) FOR THE DETECTION, ISOLATION AND QUANTIFICATION
OF *ESCHERICHIA COLI* O157:H7 IN RAW GROUND MEAT

V192/II

David T. Ingram, Christos G. Rigakos, David Rollins, Edward T. Mallinson,
Lewis Carr, Chinta Lamichhane and Sam W. Joseph*, University of Maryland,
College Park, Maryland, USA; Naval Medical Research Institute, Bethesda,
Maryland, USA; Kirkegaard and Perry Laboratories, Gaithersburg, MD, USA.

Filtration technology has been applied to develop a rapid diagnostic method (*E. coli* SELeCTTM) for *E. coli* O157:H7 that can be used to detect, isolate and quantify less than one cfu/g without prior enrichment. This procedure involves a brief centrifugation step, filtration and resuscitation before presumptive *E. coli* O157:H7 cfu are observable on Rainbow O157 Agar (BIOLOG, Inc). Confirmation is accomplished with a colony lift immunoassay (CLI) using an affinity purified antibody specific for *E. coli* O157:H7 (Bac TraceTM, KPL). The mean sensitivity and specificity levels calculated in several experiments approximated 100%. Comparison studies showed the SELeCTTM system to be consistently more accurate and precise than the Most Probable Number (MPN) method for quantifying *E. coli* O157:H7.

FECAL SHEDDING OF *ESCHERICHIA COLI* O157:H7 V199/II
DURING THE BEEF CATTLE PRODUCTION CYCLE

Victor Gannon*, Thomas Graham, Walter Olson and
Roger Johnson. Health Canada and Agriculture and
Agri-Food Canada, Lethbridge, Alberta and Health
Canada, Guelph, Ontario, Canada.

Fecal shedding of *Escherichia coli* O157:H7 was studied in a closed beef cattle herd in Alberta. There was a significant increase in the fecal isolation rate (FIR) of the organism from cows after parturition and calves after weaning. The highest *E. coli* O157:H7 FIR occurred during the summer among yearling steers fed silage/grain. The FIR for steers changed to an alfalfa hay diet for 3 weeks (0/17) was significantly lower than the FIR for steers that stayed on silage/grain (9/18).

V203/II VIRULENCE FACTORS OF DIFFERENT *E.COLI* SEROTYPES
ORIGINATING FROM FOOD OF ANIMAL ORIGIN

Michael Bülte*, Stojanka Aleksic and Susanne Heckötter

Institute of Veterinary Food Hygiene, Justus-Liebig-Universität Gießen
and National reference centre for enteric pathogens, Hamburg

Raw foods of animal origin were examined for the presence of *E.coli* O157 and other verocytotoxin producing (VTEC) strains in the Federal Republic of Germany. Using immunomagnetic separation (IMS) O157-strains were isolated from raw milk, pork and lamb. The Polymerase Chain Reaction (PCR) showed that none of the three 0157:H and two 0157:H16 isolates harboured virulence factors. Further VTEC strains were detected with an enzyme immuno assay (EIA) as screening method, especially on lamb carcases. With the PCR *E.coli* strains with different VT patterns and the *E.coli* attaching and effacing gene (eae) could be detected. Different serotypes (e.g. 010.H4, 070.H11, 0103.H31, 0119.H, 0156.H) with full virulence patterns were found, which to the author's knowledge have not been isolated in connection with hemorrhagic colitis (HC) or the hemolytic uremic syndrome (HUS). The question whether further virulence factors play a role in EHEC infection must be addressed.

V204/II DETECTION OF *ESCHERICHIA COLI* O157:H7 IN MINCED
MEAT BY IMMUNOMAGNETIC SEPARATION (IMS)
IN A MODEL EXPERIMENT

Susanne Heckötter*, Christiane Schuy and Michael Bülte

Reisolation rates of one *E. coli* O157:H7 strain, artificially inoculated into minced beef samples, were established with and without using Dynabeads anti *E. coli* O157 for immunomagnetic separation (IMS) under different methodical conditions. Independent of the level of contamination, the IMS was superior to the control procedure; good results could be found even after a 6 hour incubation. The best results were obtained by enriching in parallel using 2 different enrichment media for 6 and 24 hours followed by IMS and subcultivation on two selective media. The suitability for use on frozen samples was evaluated. The results indicate that the IMS is a sensitive, convenient and rapid method for the isolation of *E. coli* O157 in foods. This method can be recommended as a german standard (DIN [Deutsches Institut für Normung] -Norm) method.

VEROCYTOTOXIN EXPRESSION IN FOOD

V205/II

Ali Ownis and Crawford Dow, Biological Sciences, University of Warwick, Coventry, UK

Protein fusions have played a central role in molecular genetic studies of protein expression and export from bacterial cells. Conventionally this approach involves the fusion of a selectable "reporter" gene which possesses an easily assayable activity, to the promotor region of the gene under study. As a simple and sensitive means of monitoring the expression of verocytotoxin the transposon TnphoA was used to create a fusion between the A subunit of the cloned slt-I operon and the gene for bacterial alkaline phosphatase. This fusion was introduced into Escherichia coli CC118. This study describes the data from experiments in which the slt::TnphoA gene fusion was used to ascertain which cultural/environmental parameters influenced the expression of VT1 and VT2 in tap water, milk and raw meat. The expression of these toxins by E.coli O157:H7 under similar cultural conditions was ascertained by high performance liquid chromatography. In this study it has been observed that VT1 expression increases markedly when the above bacterial cultures are grown in tap water i.e. under conditions of nutrient stress. No such response was evident in milk.

SHIGA-LIKE TOXIN-PRODUCING *ESCHERICHIA COLI* IN FOODS

V210/II

Roger Johnson*, Susan Read, Kim McFadden and Robert Clarke,
Health Canada, Health of Animals Laboratory, Guelph, Canada.

Foods are the most frequently implicated source of *Escherichia coli* O157:H7 and other Shiga-like toxin-producing *E. coli* (STEC) infections in outbreaks and sporadic cases. Although raw ground beef and other red meats are considered the highest risk foods, processed meats, milk, salad dressings, apple cider, vegetables, poultry meats and water may also be vehicles of STEC. Food contamination occurs principally through contact with manure of animal reservoirs, with manure-contaminated water or with other contaminated foods or equipment. Domestic and wild ruminants are the most frequent carriers of STEC. The more virulent STEC, such as *E. coli* O157:H7 are less prevalent in animals and foods than other STEC. However, some outbreak strains of STEC have properties such as increased acid resistance which suggest they are better able to survive in the food chain than other STEC and may have greater virulence for humans. Such properties may reflect in part a rapid adaptive response in these organisms associated with the high mutator phenotypes identified recently in pathogenic strains of *E. coli* O157:H7 and *Salmonella*.

V214/II

ISOLATION OF VEROTOXIN-PRODUCING *ESCHERICHIA COLI* O157 : H7 FROM BEEF AND PORK IN CHANGCHUN, CHINA

Zhijiang Zhou^{1*}, Shangyuan Huang², Mingguang Zheng¹, Hao Zheng¹, Weibin Sun¹, Rangtang Zhang¹, Liya Wang², Li Wang², Jingyun Li²

¹Faculty of Animal Medicine, Changchun University of Agricultural and animal sciences, Changchun, China and ²Department of Microbiology, 302 Hospital of PLA, Beijing , China

A total of 70 samples of retail beef and pork from Changchun,China was assayed for the presence of *Escherichia coli* serogroup O157 : H7 by a multiple procedure. The procedure involves several steps, including selective enrichment, sorbitol-MacConkey agar (SMAC) culture, biochemical profile, slide and tube agglutination test and polymerase chain reaction (PCR). *Escherichia coli* O157 : H7 was isolated from 2 (5%) of 40 beef and 1 (3.3%) of 30 pork samples.

V215/II

RAPID AND SPECIFIC DETECTION OF VEROTOCIN-PRODUCING *ESCHERICHIA COLI* BY THE POLYMERASE CHAIN REACTION

Zhijiang Zhou^{1*}, Shangyuan Huang², Mingguang Zheng¹, Hao Zheng¹, Weibin Sun¹, Rangtang Zhang¹, Liya Wang², Li Wang², Jingyun Li²

¹Faculty of Animal Medicine, Changchun University of Agricultural and animal sciences, Changchun, China and ²Department of Microbiology, 302 Hospital of PLA, Beijing , China

Two sets of synthetic oligonucleotide primers derived from sequences of the VT1 and VT2 genes were used in a polymerase chain reaction (PCR) amplification procedure to detect these genes in some enteric pathogens. A total of 4 verotoxin-producing *Escherichia coli* strains and 41 other recognized pathogens were studied. PCR amplification products identifying the VT1 and VT2 gene sequences were observed only in DNA extracted from strains found to be VT positive in traditional tissue culture assays.the primers were clearly able to distinguish VT1, VT2 and VT1-and VT2-producing strains of *Escherichia coli*.Template DNA extracted from other enteric pathogens was found to be negative with the exception of 1 strain of *Shigella dysenteriae* type 1 in which good amplification with the VT1 primer was observed.The sensitivity of the PCR procedure for detection of both VT1 and VT2 genes was determined to be 320pg of total-cell DNA. Furthermore, the VT1 gene was easily detected when only 32pg of DNA was used as the template in the PCR procedure.

PREVALENCE OF STEC IN ANIMAL FAECES AT SLAUGHTER V227/II

Patricia Desmarchelier*, Narelle Fegan, Lesley Duffy & Leanne Mills
CSIRO Division of Food Science & Technology, Brisbane, Australia

Ruminants are a major reservoir of STEC and their meat a vehicle entry of STEC into the human foodchain. We determined the incidence of STEC shedding by animals pre-slaughter and their virulence characteristics. Faecal enrichments were screened using an *stx* PCR, followed by isolation and testing isolates for *stx*, *eae* and EHEC plasmid. Faeces from 576 animals were tested of which 30% were *stx* PCR+, STEC were isolated from 31% PCR+ samples, the overall isolation rate being 9%. The highest rate was from lambs and calves, followed by grass-fed and grain-fed cattle, respectively. The additional virulence factors were detected least often in lambs and most often in calves. O157 was isolated from 1.7% of animals and was not evenly distributed. These results suggest age and diet affect shedding of STEC by animals pre-slaughter.

DYNAMICS OF STEC and *E. coli* IN FEEDLOT CATTLE V228/II

Narelle Fegan, Jocelyn Midgley, Lesley Duffy & Patricia Desmarchelier*
CSIRO Division of Food Science & Technology and The University of Queensland, Brisbane, Australia

Understanding the factors eg. diet and stress, influencing STEC shedding in cattle and how they can be managed will contribute to reducing the incidence of STEC on beef. The shedding of *E. coli* and STEC was followed in a mob of feedlot cattle, from induction to the final ration pre-slaughter. The shedding of STEC was found to be higher at induction than at slaughter and shedding of total *E. coli* and STEC fluctuated during the initial feed changes before stabilising when the animals were on their finishing ration. STEC isolates were compared using PFGE. At induction, multiple, distinct PFGE types were isolated; however, as residence time in the feedlot progressed, two similar types dominated. These findings have implications for the management of cattle prior to slaughter.

V233/II INOCULATION OF WHITE-TAILED DEER WITH *E. COLI* O157:H7

**John R. Fischer¹, Michael P. Doyle, Tong Zhao, Cathy A. Brown,
and Christopher T. Sewell. Southeastern Cooperative Wildlife
Disease Study, Department of Food Science and Technology,
and Department of Pathology, The University of Georgia, USA**

Experimental *E. coli* O157:H7 infection was studied in white-tailed deer. Six 3-month-old deer were orally inoculated with 10^8 *E. coli* O157:H7, 2 received non-toxigenic *E. coli*, and 2 received no inoculum. Inoculated deer were shedding 10^3 to 10^5 CFU per gram of feces by 1 day post inoculation (PI), but remained clinically normal during the trial. Fecal shedding of *E. coli* O157:H7 decreased dramatically by 2 weeks PI but remained intermittently detectable throughout the 4-week trial. To assess contact transmission, an uninoculated deer was placed with an inoculated deer at 12 days PI. Fecal shedding by the introduced deer was detected within 2 days. *E. coli* O157:H7 was recovered from the gastrointestinal tracts of all inoculated deer necropsied at intervals throughout the trial. Significant lesions were not apparent in any deer. The results of this study are similar to those of experimental studies in bovine calves.

V236/II A SURVEY OF RAW BEEF AND RAW MILK FROM NORTHERN IRELAND FOR THE VIRULENCE FACTORS OF ENTEROVIRULENT *ESCHERICHIA COLI* (EVEC).

Jeremy Weaver¹ and Michael Rowe^{1,2}

¹Department of Food Science (Food Microbiology), The Queen's University of Belfast, Newforge Lane, N. Ireland and ²Department of Agriculture for Northern Ireland, Belfast.

Samples of raw beef (n=101) and raw milk (n=101) were tested using multiplex polymerase chain reaction assays to determine the incidence of the virulence factor genes of the four main types of EVEC; enteropathogenic, enterotoxigenic, entero-invasive and enterohemorrhagic/verotoxigenic. The results of the beef survey showed that one sample contained an *E. coli* isolate possessing the 'attaching and effacing' (*eaeA*) gene and three samples contained *E. coli* isolates possessing the verotoxin 2 (VT2) gene. The milk survey results showed that one sample contained an *E. coli* isolates possessing the *eaeA* gene, eight samples contained *E. coli* isolates possessing the VT2 gene and one sample contained two *E. coli* isolates, one possessing the *eaeA* gene and one possessing VT2 gene.

BINDING OF VEROTOTOXIN TO PORCINE GLOMERULI AND TO
PROTEIN RECEPTORS ON THE SURFACE OF VERO CELLS

V12/III

John Devenish*, Carlton Gyles, and Jon LaMarre. Depart. of Pathobiol. and Biomed. Sc., Univ. of Guelph, Guelph, Ontario, Canada

Frozen kidney sections of several animal species were examined to assess which species may be useful as a model for verotoxin (VT) mediated HUS. The pig was the only species in which VT bound to the glomeruli and binding was blocked by treatment with formaldehyde. A blocking effect was also shown for VT binding to Vero cells. These findings led us to the hypothesis that VT binds to a cell surface protein. When Vero or VRP (Gb₃ deficient Vero) cells were incubated with ¹²⁵I-labelled VT2 and DSS X-linker, SDS-PAGE of cell lysates showed labelled bands at 44, 50, 60, 86, 102 and 138 kDa. When ¹²⁵I-labelled VT1 was cross-linked, radioactive bands occurred at 51, 67, 101, 160, 188, and 232 kDa but when ¹²⁵I-labelled VT1 B subunit was used, only a single band at 50 kDa was observed. CHO cells did not bind labelled VT. Binding isotherms revealed that VT1 and VT1 B subunit showed positive cooperativity between at least two binding sites but VT2 binding fit a single class of binding sites. These results indicate that VT binds to protein(s) on the surface of susceptible cells and this binding is different between VT1 and VT2. These studies also suggest that a second receptor, other than Gb3, may be important in the biological activity of VT.

VIRULENCE OF SHIGA TOXIN-PRODUCING *E. COLI* (STEC) IN
A MOUSE MODEL CORRELATES WITH TOXIN ACTIVATION

V15/III

Angela R. Melton-Celsa*, James E. Rogers and Alison D. O'Brien.
Uniformed Services University of the Health Sciences, Bethesda, USA

The oral LD₅₀ of STEC strain B2F1, which produces two Stx2 variant toxins, is less than 10 organisms in streptomycin(str)-treated mice. In contrast, the oral LD₅₀ of the Stx2c-producing O157 strain E32511/HSC is 10¹⁰ bacteria. Additionally, the Stxs produced by B2F1 are activated 10-1000-fold for Vero cell toxicity by preincubation with mouse or human intestinal mucus, whereas Stx2c of E32511/HSC is not activatable. In this study, we fed three additional STEC that produce Stx2-type toxins to str-treated mice and found that only the two strains with activatable toxins were mouse virulent. We are currently testing the hypothesis that the mouse virulence of an STEC strain correlates directly with the capacity of its Stx2 variant toxin to be activated. We are creating, through allelic exchange, an E32511/HSC strain that encodes an activatable toxin gene in place of stx2c. We will assess this modified E32511/HSC strain for mouse virulence. Additionally, since the Stxs produced by B2F1 and E32511/HSC differ by only two amino acids in the A subunit, we are altering the two amino acids in the activatable Stx2 variant to the corresponding amino acids in Stx2c so as to determine which one(s) of these amino acids are required for activation.

V16/III

STRUCTURE-FUNCTION ANALYSIS, PURIFICATION, AND IMMUNOREACTIVITY OF ENTEROHEMORRHAGIC *ESCHERICHIA COLI* INTIMIN

Marian R. Wachtel*, Lisa J. Gansheroff, and Alison D. O'Brien
Uniformed Services University of the Health Sciences, Department of
Microbiology and Immunology, Bethesda, MD.

The intimin protein (EaeA), encoded by *eaeA*, is required by Enterohemorrhagic *Escherichia coli* (EHEC) to form attaching and effacing lesions. The aims of this work are to define the minimum region of intimin required for HEp-2 cell binding and to generate intimin-specific reagents. Evidence from our laboratory and others suggests that amino acids critical for intimin-mediated adherence are contained within the C-terminal portion of the protein. We constructed various His-tagged intimin derivatives which will be tested for complementation of an *eaeA* deletion mutant in adherence assays. Anti-intimin monoclonal (mAbs) and polyclonal antibodies are also being generated. We will assess the capacity of these antibodies to block EHEC adherence. Purification of several His-tagged intimin derivatives yielded mg quantities of protein. The derivatives that have been tested were acid stable. Purified intimin fragments, mAbs, and monospecific Abs will be used to develop intimin-based vaccines and detection kits.

V17/III

INCREASED LEVELS OF INTRACELLULAR CALCIUM ARE NOT REQUIRED FOR THE FORMATION OF ATTACHING AND EFFACING LESIONS BY ENTEROPATHOGENIC (EPEC) AND ENTEROHAEMORRHAGIC ESCHERICHIA COLI (EHEC)

Christopher Bain, Rogeria Keller and Stuart Knutton*,
Institute of Child Health, University of Birmingham, Birmingham, U.K.

The aim of this study was to characterise the precise temporal and spatial nature of the previously reported rise in intracellular calcium concentration $[Ca^{2+}]_i$ seen in EPEC and EHEC-infected cells. $[Ca^{2+}]_i$ measurements were made in EPEC and EHEC infected HEp-2 cells loaded with the fluorescent ratiometric dye fura-2 using digital fluorescence microscopy and dedicated calcium imaging software. Using both rapid and gradual infection procedures during which extensive attaching & effacing (A/E) lesion formation occurred, we were unable to detect any significant increases in $[Ca^{2+}]_i$ in cells infected with 4 classical EPEC and 2 EHEC strains; large (up to 10-fold) increases in $[Ca^{2+}]_i$ were detected at the end of each experiment however, when infected cells were exposed to either histamine or to the calcium ionophore, ionomycin. Furthermore, chelation of $[Ca^{2+}]_i$ with BAPTA prior to cell infection did not affect the ability of bacteria to form A/E lesions. These results contradict earlier studies and indicate that $[Ca^{2+}]_i$ in HEp-2 cells are not affected by infection with either EPEC or EHEC strains and that rises in $[Ca^{2+}]_i$ are not required for A/E lesion formation.

**DOWN REGULATION OF INTIMIN EXPRESSION DURING
ATTACHING & EFFACING ADHESION**

V18/III

Stuart Knutton*, Jeannette Adu-Bobie, Christopher Bain, Alan Phillips,
Gordon Dougan, and Gad Frankel
Institute of Child Health, University of Birmingham, Department of
Paediatric Gastroenterology, Royal Free Hospital, London and Department
of Biochemistry, Imperial College, London, U.K.

Enteropathogenic (EPEC) and enterohaemorrhagic *E. coli* (EHEC) produce attaching & effacing (A/E) lesions in the intestinal mucosa. Intimate bacterial adhesion associated with A/E lesion formation is promoted by intimin, a 94 kDa surface protein. Anti-intimin α and anti-intimin β antisera were employed in immunolabelling studies to investigate the expression of intimin α by EPEC strain E2348/69(O127:H6) and intimin β by EHEC strain 3605-73(O26:H11). Following a 3 h incubation of HEp-2 cells with EPEC and EHEC, double immunofluorescence labelling of intimin and cellular actin revealed strong intimin expression by A/E bacteria but by 6 h incubation intimin expression by most bacteria was reduced or not detected. This down-regulation of intimin expression following A/E lesion formation was not observed with strain JPN15, a virulence plasmid-cured derivative of E2348/69, but was partially restored when a plasmid harbouring the virulence plasmid-encoded regulatory (*per*) genes was introduced. These results indicate that surface expression of intimin is regulated following A/E lesion formation and that, in the case of EPEC, virulence plasmid-encoded genes participate in this process.

**THE NEW VEROTOXIN ENCODING BY PHAGE
FROM *ESCHERICHIA COLI* ASSOCIATED WITH
SWOLLEN-HEAD SYNDROME IN CHICKENS**

V21/III

**Valeria Regina Parreira, Jorge Vega and
Tomomasa Yano***
Departamento de Microbiologia e Imunologia - I.B. -
UNICAMP, Campinas, S.P.- Brazil, cep 13081-970.

A total of 72% of *Escherichia coli* strains isolated from chickens with Swollen-Head Syndrome (SHS), produced a cytotoxin related to Shiga-like toxin (SLT), active on Vero and HeLa cells. However, these strains of SHS-*E. coli* were not hybridized by DNA probes for SLT-I and SLT-II. The SHS-cytotoxin was purified and compared some of its properties with SLT-I and SLT-II. This cytotoxin is also associated with a temperate toxin-converting bacteriophage. *E. coli* K12C600 acquired the ability to produce SHS-cytotoxin after lysogenization by phage isolated from strains *E. coli*-SHS.

V24/III

VIRULENCE MARKERS AMONG SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC) STRAINS ISOLATED FROM ANIMAL AND HUMAN SOURCES IN BRAZIL

Aloysio M.F. Cerqueira^{*}¹, João R.C. Andrade² and Beatriz E.C. Guth³

¹Departamento de Microbiologia e Parasitologia-UFF, ²Disciplina de Microbiologia e Imunologia- UERJ, Rio de Janeiro, Brazil and ³Departamento de Microbiologia e Imunologia, UNIFESP, São Paulo, Brazil

Thirty one non-O157 STEC strains isolated from beef products (21), cattle (5) and humans (5) were assayed for adherence to HeLa, HEp-2 and Caco-2 cells, production of hemolysins, fluorescent actin-staining (FAS) test and presence of *eaeA*, EHEC (CVD419) and α -hemolysin genes. In addition, 10 O157:H7 colonies harboring *stx* 2 genes and isolated from fecal samples of 2 healthy calves were also studied. Difuse or aggregative adherence patterns were found in 14.3% of the strains from beef samples. Localized adherence was observed in most humans (4/5) and in some animal strains (4/7) including those of serotype O157:H7, and some of these strains were also *eaeA* and FAS positive. Production of enterohemolysin and hybridization with pCVD419 was found in 75% of the strains studied, while only 2 strains were α -hemolytic. Several strains were able to invade Caco-2 cells in aminoglycoside exclusion assays. Invasion was inhibited by cytochalasin D and intracellular bacteria was visualized by electronmicroscopy. Invasion of enterocytes, a previously unrecognized virulence feature of STEC, may be useful for the persistence of these strains in their hosts.

V26/III

SELF-INHIBITION OF N-GLICOSIDASE ACTIVITY OF SHIGA TOXIN

Yuri Kozlov*, Anna Polesskaya

Institute of Molecular Biology, Moscow, Russia

University of Oslo Center for Medical Studies, Moscow

The A subunit of shiga and vero toxins contains a site of specific N-glicosidase activity. According to X-ray crystallography, the active site of shiga toxin is blocked by C-terminal end of the A chain. Separation of the interacting sites by means of proteolytic cleavage and chemical modification of the disulfide bond leads to 50-fold increase in shiga toxin activity in a cell-free system. The mechanism of this effect was investigated in full detail by means of site-directed mutagenesis.

**IDENTIFICATION OF A COMMONLY OCCURRING *E. COLI*
CHROMOSOMAL DNA-SEQUENCE WHICH IS SPECIFICALLY
ABSENT IN STEC O157, O145 AND EPEC O55 STRAINS**

V32/III

Peter Stümpfle, Hermann Broll, and Lothar Beutin*
Robert Koch-Institut, Berlin, Germany

Among Shiga-Toxin producing *Escherichia coli* (STEC), strains of serogroup O157 are the most virulent for humans. The reason for the virulence differences between different STEC serotypes is not completely understood. We were interested in hitherto unknown factors which differentiate *E. coli* O157 from other STEC. By cloning chromosomal DNA of a fecal *E. coli* O6:H- strain negative for all known virulence markers of STEC, we developed a 1.3 kb gene-probe (pEO67) which did not react with STEC of O-groups 157 and O145, nor with *E. coli* O55, the presumptive ancestor of STEC O157. However, the probe reacted with 120 tested other human pathogenic and apathogenic *E. coli* types including STEC of other serotypes and non-toxigenic O157:H43 strains. Transformation of STEC O157 with cloned pEO67 results in a number of phenotypical alterations including expression of the plasmid-encoded EHEC-hemolysin, therefore possibly affecting virulence.

CELLULAR UPTAKE AND PROCESSING OF SHIGA TOXIN

V36/III

Kirsten Sandvig¹, Elena Dubinina², Anna Polesskaya², Sjur Olsnes¹, Juri Kozlov², and Øystein Garred¹. ¹The Norwegian Radium Hospital, Oslo, Norway; ² W.A. Engelhardt Institute of Molecular Biology, Moscow, Russia.

Shiga toxin intoxicates cells by first binding to GB3 at the cell surface, and then the toxin is endocytosed. In sensitive cells the toxin is transported to the trans-Golgi network and retrogradely to the ER from where translocation may occur. To learn more about the intoxication process we have investigated the importance of amino acids surrounding the cleavage site for furin in the A-chain. Clearly, more amino acids than those known to be involved in recognition by furin are important for toxin processing and toxicity. The A-chain of Shiga toxin contains a disulfide bond which has to be reduced to obtain maximal enzymatic activity. We have studied the stability and the effects of a mutated toxin molecule without the disulfide bond, and the data indicate that the disulfide bond is required both for the stabilization of the toxin and for keeping the subunits together after processing. Sorting of the toxin to the Golgi apparatus and the ER seems to be dependent on the lipid composition of the glycosphingolipids, and recent results suggest that also other lipids in the membrane play a role for efficient intoxication.

V48/III

ENHANCED ADHERENCE OF SHIGA TOXIN-PRODUCING
ESCHERICHIA COLI ISOLATES FROM CASES OF HUMAN DISEASE
TO INTESTINAL EPITHELIAL (HENLE 407) CELLS

Adrienne W. Paton, Elena Voss, Paul A. Manning, and James C. Paton*
Molecular Microbiology Unit, Women's and Children's Hospital, North
Adelaide, and Microbial Pathogenesis Unit, Department of Microbiology
and Immunology, University of Adelaide, S.A., Australia

We have recently described a large food-bourne outbreak of STEC disease caused by contaminated fermented sausage (J. Clin. Microbiol. [1996] 34:1622-1627). Several serotypes of STEC were isolated from the contaminated food source, but of these, only a subset were isolated from patients with diarrhea or HUS. In the present study we characterized these STEC isolates with respect to presence of putative virulence-associated genes, and capacity to adhere to a human intestinal epithelial cell line (Henle 407). The O111:H STEC strain isolated from most of the outbreak HUS patients was shown to adhere in a dose-dependent, mannose-resistant fashion. Confocal microscopy revealed a diffuse pattern of adherence for this, as well as several other STEC strains. Interestingly, the adherence of STEC strains from HUS cases was significantly greater than that of STEC strains found in the contaminated food source, but not in any patients. These studies support the hypothesis that an enhanced capacity to adhere to intestinal cells contributes to the human virulence of STEC.

V53/III

ENTEROAGGREGATIVE, SHIGA-TOXIN-PRODUCING
ESCHERICHIA COLI O111:H2

Stefano Morabito¹, Helge Karch², Patrizia Mariani-Kurdjian³, Edoard Bingen³, Herbert Schmidt², Fabio Minelli¹, and Alfredo Caprioli^{1*}

¹Istituto Superiore di Sanità, Rome, Italy; ²Institut fur Hygiene
Universitat Wurzburg, Germany; ³Hopital R. Debré, Paris, France.

Shiga-toxin (Stx)-producing *E.coli* (STEC) O111:H2 strains from an outbreak of hemolytic-uremic syndrome showed aggregative adhesion to HEp-2 cells. They were negative for the attaching and effacing (AE) gene (*eaeA*) and the enterohemorrhagic *E.coli* (EHEC) plasmid markers, but positive for enteroaggregative *E.coli* (EAggEC) probe PCVD432 and the EAggEC heat-stable enterotoxin 1 gene. Hybridization analysis showed that the EAggEC gene cluster was located on a large plasmid while the *stx* gene on the chromosome. The *E.coli* O111:H2 strains described here present a novel combination of virulence factors of both EHEC and EAggEC and might be as pathogenic to humans as the classic EHEC strains are. Besides the EHEC plasmid markers and the characters associated with the AE property, STEC from cattle, beef, and other cattle products should also be examined for EaggEC properties before excluding their pathogenicity to humans.

CHARACTERIZATION OF FIMBRIAE PRODUCED BY ATTACHING-
EFFACING *ESCHERICHIA COLI* ISOLATED FROM CATTLE

V64/III

Ilse Cleenwerck*, Pierre Pohl, Jacques Mainil

Dienst Bacteriologie, Nationaal Instituut voor Diergeneeskundig Onderzoek,
Brussel, België

Thirteen Attaching-Effacing *Escherichia coli* (AEEC) strains isolated from cattle with diarrhea were tested *in vitro* for the presence of adhesive factors. All strains exhibited adhesion on HEp-2 and MDBK cells. Scanning electron microscopy revealed the presence of fimbrial structures. Colony blot hybridization with several DNA probes derived from known *E. coli* virulence genes (EAF, BFP, ...) showed that most strains did not possess homologous sequences. Upon fimbrial extraction from VTEC strain 340S89 (O118:H16), a fimbrial subunit with a mass of 16,5 kDa was separated by SDS-polyacrylamide gel electrophoresis. Internal amino acid sequences of the subunit showed some homology with F72 fimbriae of human uropathogenic *E. coli*. Purified 340S89 fimbriae as well as antiserum elicited to the purified fimbrial antigen, reduced the capacity of the strain 340S89 to infect MDBK cells. We suggest a role of these surface appendages in the interaction of bovine AEEC with eukaryotic cells, as well as in the pathogenesis of intestinal disease caused by bovine AEEC.

Research financed by "het Ministerie van Middenstand en Landbouw - Bestuur voor Onderzoek en Ontwikkeling"

DIVERSITY OF THE EHEC-HEMOLYSIN A GENE

V69/III

Patrick Boerlin, Carlton Gyles*

Dept. of Pathobiology, Ontario Veterinary College, University of Guelph,
Ontario, Canada

Diversity of the EHEC-hemolysin A gene (*ehxA*) was examined by restriction mapping analysis of PCR products from 55 verotoxigenic *Escherichia coli* isolates of 33 serotypes. Ten subtypes were identified and none of 11 serotypes with multiple isolates could be split into further subtypes. Estimated rates of nucleotide substitutions, based on the restriction data showed that the *ehxA* subtypes fell into two distinct groups; one with only *eaeA*-positive isolates and the other with only *eaeA*-negative isolates. Sequencing of the *ehxA* gene of a representative of the *eaeA*-negative group showed 98% and 97.3% identity at the nucleotide and amino acid levels, respectively, with the published sequences of the *ehxA* gene of the *eaeA*-positive O157:H7 serotype. All the functionally active domains of the EhxA protein were highly conserved and the two groups probably represent evolutionary markers without functional significance. The data suggest a parallel evolution of both genes without frequent horizontal transfer, or a strong functional relationship between the *eaeA* gene and genes located on the EHEC-hemolysin plasmid.

V70/III

VIRULENCE MARKERS OF SHIGA TOXIN PRODUCING ESCHERICHIA COLI (STEC) FROM HEALTHY CATTLE

Kulbir Sandhu, R.C. Clarke and C.L. Gyles*

Department of Pathobiology, University of Guelph, and Health Canada,
Health of Animals Laboratory, Guelph, Ontario, Canada

Two hundred and seventy-two bovine STEC were examined for *eaeA*, EHEC-hemolysin A (*EhxA*), EAF plasmid and *bfp* sequences; and for production of EHEC-hemolysin (*Ehx*), adherence to HEp-2 cells and bovine colonocytes, and fluorescent actin staining (FAS) in order to determine the association of these properties with serotypes implicated in human disease. All isolates were negative for EAF and *bfp* sequences. *Ehx* production and presence of *eaeA* were each highly correlated with serotype; other properties varied among strains. Among 93 *eaeA*-positive isolates, 91 were *Ehx*-positive and 48 were LA/FAS-positive; among 179 *eaeA*-negative isolates, 62 were *Ehx*-positive and none was LA/FAS-positive. Twenty of the *eaeA*-negative isolates showed diffuse adherence and five showed aggregative adherence to HEp-2 cells. Adherence to bovine colonocytes was observed with 73% of the *eaeA*-positive and 26% of 120 *eaeA*-negative isolates. Production of *Ehx* was the marker most highly associated with serotypes of STEC implicated in human disease.

V91/III

COMPARISON OF *ENTEROHEMORRHAGIC E. COLI* AND *ENTEROPATHOGENIC E. COLI* BINDING TO GLYCOLIPID/LIPID RECEPTORS

Debora Barnett Foster¹, Dana Philpott², Philip Sherman² and Clifford A. Lingwood¹. The Research Institute, Divisions of Microbiology¹ and Gastroenterology², The Hospital for Sick Children, Toronto, Ontario, Canada

Binding of *enterohemorrhagic* and *enteropathogenic E. coli* to glycosphingolipids and phospholipids was compared using thin layer chromatography overlay assays and receptor-based immunoassays. Seven clinical EHEC strains of serotype O157 bound well to gangliotetraosylceramide (Gg₄) and phosphatidylethanolamine (PE) and weakly to gangliotriaosylceramide (Gg₃). This binding was distinct from that of EPEC, a commensal *E. coli* strain. Of the six strains of EPEC tested (including E2348), only two bound Gg₄ and three bound weakly to PE. Positive PE binding strains also bound a species within a HEp-2 cell extract which comigrated with commercial PE on TLC. Binding to PE was temperature-dependent and sensitive to the presence of divalent cations. These findings indicate distinct glycolipid binding specificity for *enterohemorrhagic* and *enteropathogenic E. coli* and may reflect differences in bacterial adhesion to host cell surfaces and/or signal transduction events induced by attachment of these *E. coli*.

**LOCALIZATION OF THE BINDING SITE FOR A FLUORESCENT ANALOGUE OF
GLOBOTRIAOSYL CERAMIDE IN VEROTOXIN 1 USING FLUORESCENCE
SPECTROSCOPY**

V92/III

**William D. Picking¹, Jameson A. McCann¹, Anita Nutikka² and Clifford
A. Lingwood². Saint Louis University, Department of Biology¹ St. Louis, MO,
Research Institute, Division of Microbiology² The Hospital for Sick Children,
Toronto, Ontario, Canada**

Verotoxins (VTs) from *Escherichia coli* elicit human vascular disease via specific binding to globotriaosyl-ceramide (Gb₃) receptors located on endothelial cell surfaces. Molecular models based on the crystal structure of VT1 were previously used to investigate the structural basis for receptor recognition by VT1 and related verotoxins. In this study, fluorescence spectroscopy using the VT1 B subunit pentamer was used to test model-based predictions of the location of the Gb₃ binding site. Fluorescence resonance energy transfer (FRET) was used to calculate the apparent distance between a coumarin probe replacing the fatty acyl tail of the Gb₃ glycolipid to the single tryptophan residue (Trp34) present within each VT1 B subunit monomer/receptor complex. The acquired data suggest that these two moieties are approximately 13.3 Å apart which is consistent with proposed models for the binding of Gb₃ within the "cleft regions" of the VT1 B-subunit. When the proximity of Trp34 residues present on adjacent monomers within the same VT1 B pentameric complexes are taken into consideration, the data suggest that the modified Gb₃ analogue used here associates with the proposed site II receptor binding region of VT1 which was originally identified from molecular modeling studies.

**A DIVALENT GALABIOSYL ANALOGUE INHIBITS VT1/Gb₃ BINDING IN VITRO
AND PROTECTS CELLS AGAINST VT1 AND VT2**

V94/III

**Beth Boyd¹, Henrick C. Hansen², Gören Magnusson² and Clifford A. Lingwood¹
Research Institute, Division of Microbiology¹, The Hospital for Sick Children,
Ontario, Canada¹, Dept Organic Chemistry, University of Lund, Lund, Sweden²**

A series of water soluble mono-, di-, tri- and tetravalent galabiose analogues have been synthesized and tested for ability to inhibit VT/Gb₃ binding. The divalent analogues were coupled via linkage of the βgalactose to benzene in either ortho or meta linkage. The mono, tri and tetravalent analogues, together with most of the divalent analogues were found to be ineffective. However, one species, in which the galabiose moieties were dimerized via the meta position of the benzene ring, showed complete inhibition of VT1/Gb₃ binding at a concentration of 1mM. This analogue was effective to protect vero cells against VT1 cytotoxicity. Less protection against VT2, but no protection against VT2c or VT2e was found. These studies indicate that competitive inhibition of receptor binding may provide an effective mechanism to prevent verotoxin-induced pathology. This inhibitor provides for the first time, an opportunity to study the galabiose/verotoxin interaction by physical methods. The differential protection towards the different VT's may result from different receptor binding site usage by the different VTs as we have previously suggested. The efficacy of the meta, as opposed to the ortho-linked analogue, may relate either to the spacing of the galabiose units or to a differential effect on carbohydrate conformation as we have proposed for lipid-bound galabiosyl species.

V95/III

ROLE OF VEROTOXIN-1 RECEPTOR IN THE RETROGRADE TRANSPORT AND SIGNAL TRANSDUCTION OF THE VT B SUBUNIT-LIKE DOMAIN CONTAINING B-CELL RESTRICTED ANTIGEN CD19

Aye Aye Khine, Max Firtel and Clifford A. Lingwood, Research Institute, Division of Microbiology, The Hospital for Sick Children, Toronto, Ontario, Canada

Verotoxin-1 and its binding subunit B alone can undergo retrograde transport to the nuclear membrane via the endoplasmic reticulum after receptor mediated endocytosis and subsequently induce apoptosis. The N-terminal extracellular domain of B-cell specific antigen CD19 has high amino acid sequence similarity to the VT-B subunit and possible lateral association with VT1 receptor globotriaosyl ceramide (Gb_3 - also called CD77) on the germinal B-cell surface. Ligation of cell surface CD19 also induces B-cell apoptosis. To characterize the possible role of Gb_3 in CD19 signal transduction, intracellular routing and induction of apoptosis after antibody crosslinking of cell surface CD19 were studied by immunofluorescence, post-embedding immuno-electronmicroscopy and nuclear cytochemical staining in Gb_3^{+ve} and Gb_3^{-ve} Daudi lymphoma cells. The nuclear targeting of CD19 and induction of apoptosis were observed in Gb_3^+ cells only, indicating a central role for Gb_3 dependent retrograde transport of CD19 to the nuclear envelope in CD19 signalling.

V96/III

NOVEL APPROACH TO THE SYNTHESIS OF SOLUBLE INHIBITORS OF VT-Gb₃ BINDING

Murugesapillai Mylvaganam and Clifford A. Lingwood, The Research Institute, Division of Microbiology, The Hospital for Sick Children, Toronto, Ontario, Canada

The receptor function of globotriaosyl ceramide, Gb₃ for the verotoxins is well documented. Although binding is specific for the terminal galabiose disaccharide, VT binding to the free sugar is less, by many orders of magnitude, than to Gb₃ or Gb₃ containing plasma membranes. We have attempted to design a synthetic approach to mimic the effect of the lipid moiety and membrane presentation on Gb₃ carbohydrate/VT receptor function and generate monovalent soluble "glycolipid mimics" which show binding affinities of the order of the native receptor. Our particular approach to design inhibitors was to cleave the double bond of the sphingosine of Gb₃ or lyso-Gb₃ and to couple rigid hydrocarbon units via the carboxylic function generated. To accomplish this a new efficient oxidation method based on KMnO₄ was first developed. Thus derived soluble 'globotriaosyl ceramidic acid' from natural Gb₃ and the serine oligosaccharide from lyso-Gb₃ were coupled to rigid hydrophobic frames such as the α adamantyl group. At concentrations within the lower μM range, these novel glycoconjugates show 50% inhibition of VT1 binding to membrane Gb₃.

**Gb₃ FATTY ACID ISOFORM-DEPENDENT VT TARGETING OF THE NUCLEAR
ENVELOPE DETERMINES VT-CELL SENSITIVITY** V97/III

Sara Arab and Clifford A. Lingwood, The Research Institute, Division of Microbiology The Hospital for Sick Children, Ontario, Canada

VT sensitivity is markedly increased in multidrug resistance variants of ovarian tumour cell lines, despite similar levels of Gb₃ verotoxin receptor. Similarly, astrocytoma cell lines, show a marked variation in VT sensitivity despite equivalent levels of Gb₃. Using FITC labelled VT1 B subunit, we have shown that in these cells of reduced VT sensitivity, the B subunit is internalized by retrograde transport to the Golgi. However, in the more highly VT sensitive cell lines, the toxin is internalized to the endoplasmic reticulum, nuclear envelope and nucleus. Such intracellular trafficking can be induced in the less sensitive cells by culture in the presence of sodium butyrate. ER/nuclear targeting was found to correlate with the synthesis of an increased level of shorter Gb₃ fatty acid isoforms, primarily C16 and a reduction in long chain isoforms, primarily C24. Nuclear targeting correlated with the ability of B subunit to induce apoptosis in these cells. Therefore Gb₃ isoform intracellular vesicular trafficking plays a major role in determining cell sensitivity to verotoxin.

**PROTEIN KINASE C ACTIVATION IN T84 INTESTINAL
EPITHELIAL CELLS INFECTED WITH SHIGA TOXIN-
PRODUCING *ESCHERICHIA COLI*.** V107/III

Dana J. Philpott, Walter Mak, Derek M. McKay, Mary H. Perdue and Philip M. Sherman*. IDRP, McMaster Univ., Hamilton; Research Institute, Hosp. for Sick Children and Dept. of Pediatrics, Univ. of Toronto, Toronto, Ontario, Canada.

STEC O157:H7 infection of cultured epithelial cells activates the phosphoinositide signal transduction cascade leading to increased levels of intracellular Ca²⁺ and inositol triphosphate. The objective of this study was to examine intracellular activation of protein kinase C (PKC) following STEC infection. Using a colorimetric assay, the proportion of PKC activity in the membrane fraction of T84 epithelial cells was increased following STEC-infection ($62 \pm 4\%$ of total) compared to both uninfected cells ($44 \pm 5\%$) and cells infected with the non-pathogenic *E. coli*, strain HB101 ($45 \pm 2\%$, n = 5; p < 0.05). STEC-induced PKC activity was comparable to that observed in T84 cells treated with phorbol 12-myristate 13-acetate ($71 \pm 4\%$), a known activator of PKC. Potential targets of STEC-activated PKC are now being examined for their possible role in the regulation of T84 tight junction permeability.

V108/III DIVERGENT SIGNAL TRANSDUCTION RESPONSES TO INFECTION WITH SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC).

A. Ismaili, E. McWhirter, J. Brunton and P. Sherman*. Hospital for Sick Children and Toronto Hospital, University of Toronto, Ontario, Canada.

Cellular signals responsible for formation of attaching and effacing lesions by STEC in the infected host are undefined. STEC do not induce detectable tyrosine kinase responses in eukaryotic cells and are non-invasive. In the present study, phosphotyrosine proteins were detected under STEC and the bacteria were internalized when coincubated with an intimin-deficient EPEC, strain CVD206. The ability to rearrange phosphotyrosine proteins or internalize into epithelial cells did not occur following STEC coincubation with either another STEC or an EPEC *espB* mutant. Laboratory *E. coli*, strain JM101(pMH34/pSSS1C), which overproduces surface localized O157 intimin, coincubated with CVD206 also showed rearrangement of cytoskeletal proteins and detectable levels of phosphotyrosine proteins. In contrast, JM101(pMH34/pSSS1C) demonstrated rearrangement of only cytoskeletal proteins, but not phosphotyrosine proteins, when coincubated with STEC intimin-deficient strains (CL8KO1 and CL15). These findings indicate that STEC form adhesion pedestals by mechanisms that are distinct from those identified in attaching and effacing EPEC.

V120/III MUTATIONAL ANALYSIS OF THE VEROTOXIN-1 B-SUBUNIT EVIDENCE FOR THREE DISTINCT GB3 BINDING DOMAINS

Darrin Bast, H. Ling, L. Banerjee, C. Lingwood, R., Read and J. Brunton*. Samuel Lunenfeld Research Institute., The University. of Toronto, The Toronto Hospital, The Hospital for Sick Children, Toronto Canada, The University of Alberta, Edmonton, Canada.

The Verotoxin-1 (VT1) B subunit binds to globotriaosylceramide (Gb3). Two putative carbohydrate [Gal α (1-4)Gal] binding domains located adjacent to phenylalanine 30 (Sites I and III) have been identified by x-ray crystallographic and computer modelling studies. Co-crystallization studies of B subunit with a Pk trisaccharide analogue have demonstrated a third site (Site II) involving tryptophan 34. Amino acid substitutions were made for residues in all three sites to examine their roles in *in vitro* Gb3 binding and cytotoxicity. Mutations in all three sites caused significant reductions in *in vitro* Gb3 binding capacity while those at Sites I and III also caused reductions in binding affinity. Mutations affecting Sites I and III caused 4 to 7 log reductions in Vero cell cytotoxicity while Site II mutations caused only a 2 log reduction. Our results suggest that three potential receptor binding domains do exist on the VT1 B subunit. While Sites I and III appear to play a significant role in the cytotoxic action of the toxin, Site II appears to have minimal functional significance for cytotoxicity.

CONSTRUCTION OF A SERIES OF ISOGENIC, ACTIVE SITE, *slt I/slt II* V121/III
MUTANTS OF A CLINICAL ISOLATE OF *E. COLI* O157:H7

X. Wang and A. E. Hull*, Section of Infectious Diseases, Louisiana State University Medical Center, New Orleans, USA

EHEC are common contaminants of commercial food supply and cause a wide spectrum of disease in humans, including hemorrhagic colitis and hemolytic uremic syndrome. The role of the Shiga-like toxins in the pathogenesis of these clinical manifestations remains controversial. To address this question, we conducted deletion mutations of the *slt I* and *slt II* genes in a clinical isolate of *E. coli* O157:H7. 27 bp segments of the A subunits of the *slt I* and/or *slt II* toxin genes were deleted using inverse PCR, which removed the coding regions for the toxins' active sites at glutamic acid residue 167. The deleted fragments of the *slt I* and *II* genes were introduced into the wild type strain, 933, by homologous recombination using the positive selection suicide vector, pCVD 442. The resulting strains were compared to wild type for growth characteristics, production of toxin recognizable by polyclonal antisera raised to SLT I and II, and cytotoxicity to Vero cells in culture. DNA sequencing in the region of the toxins active site confirms the 27 bp inframe deletions. These series of toxin active site deletion mutations of *E. coli* O157:H7 will be invaluable in the evaluation of the comparative roles of the two toxins in pathogenesis and may be useful as a vaccine candidate.

ACID TOLERANCE OF *ESCHERICHIA COLI*: ASSOCIATION WITH V122/III
PATHOTYPE AND SEROGROUP.

Rebecca O'Brien, Vicki Bennett-Wood, and Roy Robins-Browne*
Dept. of Microbiology & Infectious Diseases, Royal Children's Hosp.,
and Dept. of Microbiology, Univ. of Melbourne, Parkville, Victoria,
Australia

The ability to tolerate low pH is associated with the survival of enterohemorrhagic *E. coli* (EHEC) in fermented foods and may be partly responsible for the low infectious dose of these bacteria. In this study we determine the ability of *E. coli* strains of various pathotypes and serogroups to tolerate pH 2.5 to 3.0. The results showed that EHEC and enteropathogenic *E. coli* (EPEC) collectively demonstrated levels of acid tolerance similar to each other, and that both EHEC and EPEC tolerated acid significantly better than enteroaggregative strains of *E. coli*. Regardless of pathotype, *E. coli* strains of serogroups O157 and O111 were more acid tolerant than those of serogroups O91 and O5. Serogroups O26 and O128 strains showed intermediate tolerance. These findings lend weight to the suggestion that acid tolerance is associated with virulence of EHEC and the ability of certain strains to infect hosts when a small number of bacteria are ingested.

V123/III VIRULENCE-ASSOCIATED CHARACTERISTICS OF VTEC STRAINS FROM PATIENTS WITH THE HEMOLYTIC UREMIC SYNDROME (HUS) AND HEMORRHAGIC COLITIS (HC)

L. Nicholls, V. Bennett-Wood, T. de Koning-Ward and R. Robins-Browne*

Dept. of Microbiology & Infectious Diseases, Royal Children's Hosp., and Dept. of Microbiology, Univ. of Melbourne, Parkville, Victoria, Australia

36 isolates of VTEC from serogroups O111 (14 strains), O157 (10), O26 (3), O48 (2) and O5, O6, O9, O113, O116, O130 and ONT (1 strain each), were examined for toxin production and adherence characteristics. 33 isolates produced enterohemolysin which correlated with carriage of the EHEC plasmid; 28 strains hybridised with a DNA probe for entero-aggregative heat-stable enterotoxin; 28 strains hybridised with a probe prepared from the eae gene. All of the eae-negative strains carried the EHEC plasmid. Most O111 strains hemagglutinated erythrocytes from humans and pigs, but no strain agglutinated red cells from rats, guinea pigs, sheep, horses or chickens or adhered to intestinal brush borders from rabbits, calves or humans. In general VTEC strains adhered more strongly to Chinese hamster ovary cells than to HEp-2 or Int-407 cells, but there was no consistent pattern of adherence nor any relationship between the carriage of a particular virulence property and adhesion. The results indicate the heterogeneity of the in-vitro virulence-associated characteristics of VTEC strains associated with HUS and HC.

V131/III NEW VT2 VARIANT SEQUENCES IN NON-O157 VTEC ISOLATES

Denis Piérard*, Gaëtan Muyldermans, Leo Moriau, Daniel Stevens and Sabine Lauwers. Department of Microbiology, Akademisch Ziekenhuis Vrije Universiteit Brussel, Brussels, Belgium

By applying the PCR-RFLP VT2 variant B subunit identification scheme of Tyler et al. (JCM 91,29:1339) on 176 VT2-producing *E. coli* isolated from humans and meats, 52 of 109 non-O157 and none of 67 O157 strains harboured not typable VT2 genes (no amplification with VT2c & VT2d primers). Sequencing the genes of 4 selected strains revealed high homology with the recently published VT2/OX3a (EMBL X65949). New typing tests were designed to complete Tyler's scheme: PCR with VT2cw & v2 which is positive with the new variants but not with other VT2 genes and PCR with VT2az & v2 which is positive with all human VT2 genes, followed by restriction with *Pvu*II (cleaving only the new variants) and *Hae*III. Application of these tests confirmed the presence of VT2/OX3a related sequences in the other strains with not typable VT2 genes; most strains lacked 1 of the 2 *Hae*III restriction sites of VT2/OX3a. In conclusion sequences similar to VT2/OX3a (that shares several sequence variations with VTe and is probably less pathogenic) are frequent in non-O157 isolates, both from humans and from meats.

**Effect of Sub-inhibitory Concentrations (SIC) of Sulfasalazine on
Virulence of Verotoxigenic *Escherichia coli* (VTEC)**

V135/III

M. A. Devine, L. Mooney, E. Ingham, K. T. Holland, K. G. Kerr.*
Department of Microbiology, University of Leeds, Leeds, U.K.

Evidence from clinical studies suggests that the administration of antimicrobials to patients with verotoxigenic *E. coli* infection may be associated with an unfavorable clinical outcome. This is supported by in vitro studies which have shown an increase in verotoxin (VT) production when strains are exposed to SIC of some antimicrobials. Sulfasalazine has anti-bacterial activity and, as this agent is used in the management of ulcerative colitis- whose symptoms may overlap with hemorrhagic colitis- we investigated the effects of SIC of this compound on the production of VT1 and VT2 by clinical strains of VTEC using cell cytotoxicity assays. In addition, the effects of sulfasalazine on the adherence of VTEC to T84 and Hep-2 cells was determined using quantitative and semi-quantitative methods including phase contrast microscopy. Additionally the presence of attaching effacing lesions was assessed using fluorescent-actin screening. Results will be discussed with reference to an on-going study which is examining the effects of an extended range of antimicrobials on adherence and VT production by VTEC.

EFFECTS OF VEROCYTOTOXIN ON THE NET ABSORPTIVE WATER FLUX IN HUMAN COLON *IN VITRO*

V138/III

Juan Burgos, Ariinet Kierbel, Berkowsky Darío, Marta Rivas, Elizabeth Miliwebsky, Germán Chillemi, Mónica Tous and Cristina Ibarra*
Dept. Fisiología, Facultad de Medicina, UBA and Instituto Nacional de Microbiología "Dr Carlos G. Malbrán, Buenos Aires, Argentina.

The purpose of this study was to characterize the VT effects on the water and electrolyte transport across the human colon *in vitro*. We have used an experimental approach that allows the simultaneous recording of the net water flux (J_w), electrical potential difference (PD) and short-circuit current (Isc). Colon specimens were obtained from chirurgically extirpated organs in patients with cancer. Immediately after ablation, pieces of macroscopically non affected regions were washed and the muscle layer were dissected. Then the mucosa layer was mounted as a diaphragm between two Ussing chambers and bathed with identical Ringer solution in the presence of an hydrostatic transepithelial gradient of 13 cm of H_2O . In these conditions, a spontaneous absorptive J_w of 0.19 ± 0.02 (10) $\mu l min^{-1} cm^{-2}$ was observed. When a crude VT2 preparation from *E. coli* C600 (933W) strain containing 16000 CD50 was added into the mucosal bath, J_w was inhibited 36% in the first 30 min. The Isc measured at the same time does not showed significant changes in the presence of VT2. These preliminar results shows that VT2 is able to inhibit the net absorptive water flux observed in human colon *in vitro*.

* Dept. Fisiología, Facultad de Medicina. Paraguay 2155, 7mo piso, 1121, Buenos aires, Argentina.

V145/III

SUBINHIBITORY CONCENTRATIONS OF ANTIBIOTICS INCREASE THE RELEASE OF SHIGA TOXIN FROM *E. COLI* O157:H7 IN VITRO

Lucas E. Wolf*, David W. Acheson, Lisa L. Lincicome, and Gerald T. Keusch, New England Medical Center Hospital, Boston, MA, USA.

The presence of subinhibitory concentrations of antibiotics (abx) appears to influence the release of Shiga toxin (Stx) by *E. coli* O157:H7. However, previous in vitro and human studies have shown conflicting results. In order to better evaluate this effect we used an enzyme immunoassay to measure the quantities of Stx in broth cultures of O157:H7 grown in the presence of either Ampicillin, Trimethoprim-Sulfa, Ciprofloxacin, Fosfomycin, or no abx, at 1/2 to 1/4 the MIC of each drug. Stx in the culture supernatants was markedly increased in the presence of abx, compared with the abx-free culture: Ampicillin: 10-14 fold; Trimethoprim-Sulfa: 47-72 fold; Ciprofloxacin: 31-52 fold; Fosfomycin: 13-20 fold. This difference was not accounted for by cell lysis, as determined by OD₆₀₀. There was little change in cell-associated Stx in the abx-containing versus abx-free cultures. If similar effects occur in vivo, increased release of free (and thus bioavailable) Stx in the intestinal lumen may alter the course of disease. Further studies are underway to explore this issue.

V150/III

INDIVIDUAL VARIATION OF THE CONTENT OF Gb3, THE RECEPTOR FOR VEROTOXIN, IN HUMAN FETAL MEMBRANES

Koh Asano, Yasuhiro Natori* and Mieko Oshima
Department of Obstetrics and Gynecology, National Sendai Hospital,
Sendai, and Research Institute, International Medical Center of Japan,
Tokyo, Japan

Susceptibility to hemolytic uremic syndrome (HUS) after VTEC infection might depend on the content of Gb3 in tissues, but individual variation of Gb3 in tissues is not clear except that in erythrocytes. In this study, we analyzed contents and ratios of Gb3 and other neutral glycolipids in human fetal membranes collected from individuals just after the delivery. Amnion and chorion were obtained from 30 individuals and neutral glycolipids were analyzed by thin layer chromatography. Contents of CDH, Gb3 and Gb4 in amnion and chorion varied among individuals. The ratio of Gb3 in total neutral glycolipids of amnion was correlated with that of chorion ($\rho=0.554$, $p=0.003$), suggesting that the variation does not result from experimental errors. The ratios of CDH in both tissues were also correlated ($\rho=0.457$, $p=0.014$). These results show that CDH and Gb3 in fetal membranes varies among individuals. Therefore, Gb3 content in other tissues are potentially diverse and this might affect the susceptibility to HUS after VTEC infection.

CHARACTERIZATION OF THE LOCUS OF ENTEROCYTE EFFACEMENT OF E.COLI V159/III O157:H7.

SJ Elliott*, J Yu, TK McDaniel, JB Kaper. Center for Vaccine Development, University of Maryland School of Medicine, Baltimore, MD.

Enterohemorrhagic *E.coli*/O157:H7 (EHEC) and enteropathogenic *E.coli*(EPEC) both exhibit the attaching/effacing (A/E) histopathology on intestinal epithelial cells. This phenotype is mediated by genes encoded on a 35kb pathogenicity island called the LEE for locus of enterocyte effacement. The LEE contains genes encoding intimin, secreted proteins, and a type III protein secretion system. In this study, we have characterized genes contained on the LEE of O157:H7. The EHEC LEE was shown to be homologous with the EPEC LEE over the entire 35kb region by the use of DNA probes. The complete EHEC LEE was cloned into a cosmid vector and it mediated weak A/E but was unable to mediate A/E or type III secretion at wildtype levels. Complementation of the EHEC LEE with subclones from the EPEC LEE, adhesins, or regulatory genes did not increase A/E or secretion. The function of EHEC LEE genes was also examined by chromosomal mutation of LEE ORFs, focussing on genes shown to be necessary for A/E in EPEC. So far, we have abolished A/E and type III secretion with mutations in ORF4 and ORF1, an HNS-transcriptional regulator homolog. These studies will help elucidate the intestinal aspects of EHEC colonization and virulence.

INSERTION OF THE LOCUS OF ENTEROCYTE EFFACEMENT IN EPEC AND EHEC STRAINS DIFFERS IN RELATION TO THE CLONAL LINEAGE OF THE STRAIN

V161/III

Lothar H. Wieler^{1,2*}, Timothy K. McDaniel^{1,3}, Thomas S. Whittam⁴,
and James B. Kaper¹

¹Center for Vaccine Development, University of Maryland, USA;

²Institut für Hygiene und Infektionskrankheiten der Tiere,
Universität Giessen, FRG; ³Dept. of Microbiology, Stanford Univ.,
USA; ⁴Institute of Molecular Evolutionary Genetics, The
Pennsylvania State University, USA

The locus of enterocyte effacement (LEE) confers the attaching and effacing histopathology on epithelial cells infected with enteropathogenic *Escherichia coli* (EPEC) and enterohemorrhagic *E. coli* (EHEC) both *in vivo* and *in vitro*. We investigated the site of insertion of the LEE pathogenicity island in *E. coli* strains in relation to the evolution of housekeeping proteins in these strains. Using a PCR technique that specifically detects the insertion site of the LEE into the *selC* tRNA locus we investigated a total of 34 strains comprising representatives of 9 different clonal lineages. These clonal lineages are referred to as the DEC (diarrheagenic *E. coli*). The results indicate that the LEE insertion site varies according to the evolutionary DEC lineage, thereby indicating that the LEE has inserted at multiple sites during the evolution of these pathogens.

V162/III

Gb3/CD77 ON BOVINE PBMC:
ACTIVATION MARKER AND/OR SHIGA TOXIN RECEPTOR?

Ch. Menge, G. Baljer, and L.H. Wieler*

Institut für Hygiene und Infektionskrankheiten der Tiere, Justus-Liebig-Universität Giessen, FRG

To investigate the expression and function of Gb3/CD77 on bovine immuno cells, bovine peripheral blood mononuclear cells (PBMC) were cultivated and co-incubated with mitogens (ConA, PHA-P, PWM, LPS) and purified Stx1, respectively. Cell morphology and membrane integrity, single PBMC subpopulations, and Gb3/CD77 were monitored by flow cytometry.

Freshly prepared PBMC did not express Gb3/CD77. However, during cultivation Gb3/CD77 was detected on all subpopulations investigated (BoCD4⁺, BoCD8⁺, BoCD21⁺, WC1⁺, and monocytes). The percentage of Gb3/CD77 expressing cells as well as the level of Gb3/CD77 expression on single cells were associated with the cells' grade of activation. Gb3/CD77 expression seemed to be a characteristic feature of distinct stages during the activation of bovine PBMC. Stx1 caused a marked reduction of Gb3/CD77 expression. Although this phenomenon was Stx1-specific, Stx1 was only partially bound by the cells. In conclusion, the vast majority of Gb3/CD77 on bovine PBMC is an activation marker, rather than a functional Stx receptor.

V166/III ANALYSIS OF THE SHIGA TOXIN OPERONS FLANKING REGIONS
IN *E. COLI* O157 AND NON O157 STRAINS

Helge Karch¹, Claudia Janetzki-Mittmann¹, Jürgen Scheef¹, Herbert Schmidt¹ and Manfred Kroeger²

¹Institut für Hygiene und Mikrobiologie der Universität Würzburg, Würzburg, Germany; ²Institut für Mikrobiologie und Molekularbiologie der Universität Giessen, Giessen, Germany

Shiga toxin 1 (*stx*₁) and 2 (*stx*₂) genes are located in the genome of lambdoid phages in *E. coli* O157:H7 strains. In this study we compared the nucleotide sequences of an 11 kb region flanking the *stx* operons in *E. coli* O157, O26, O103 and O111 strains. In 6 of 8 strains possessing either *stx*₁ or *stx*₂ downstream of the P-gene, a region of ATGA-interlinked open reading frames (orf) like the *nin*-region of phage lambda was detected. Downstream of these *nin*-like genes we identified one orf which may code for an Q-like antiterminator. The *stx*₂ genes but not the *stx*₁ genes are in close association with an *ileX* tRNA gene found in *E. coli*. Downstream of *stx*₁ and *stx*₂ genes we found a number of conserved potential orfs of which one is homologous to the gene S of bacteriophage PA2. Our data show that Stx-converting phages in general follow the gene arrangement of phage lambda and indicate a potential for an extensive exchange with other lambdoid phages.

**ATTACHING & EFFACING GENES ENCODING SECRETED
SIGNALLING PROTEINS ARE ALSO REQUIRED FOR
MODULATION OF HOST CELL ELECTROLYTE TRANSPORT**

V181/III

**Georgina Collington¹*, Ian Booth¹, Michael Donnenberg², James Kaper³,
and Stuart Knutton¹.**

¹Institute of Child Health, University of Birmingham, Birmingham, U.K.,

²Division of Infectious Diseases and ³Center for Vaccine Development,
University of Maryland Medical School, Baltimore, USA.

The pathophysiology of EPEC diarrhoea remains uncertain. In an Ussing chamber model using Caco-2 cells infected with EPEC, we previously demonstrated a partially chloride-dependent EPEC-induced stimulation of short-circuit current (Isc) which we suggested may contribute to the pathophysiology of EPEC diarrhoea *in vivo*. Several genes including *espA*, *espB*, and *espD* encode secreted signalling proteins required for attaching & effacing (A/E) lesion formation. The aim of the present study was to investigate the role of these secreted proteins in EPEC-induced stimulation of Isc. In rapidly infected Caco-2 cell monolayers and concomitant with A/E lesion formation, wildtype EPEC strain E2348/69 induced a characteristic rapid increase in Isc. This response was absent when cells were infected with *espA*, *espB* and *espD* deletion mutant strains UMD872, UMD864 and UMD870 but was qualitatively restored when cells were infected with complimentary *espA* and *espB* plasmid transformant strains UMD872pMSD2(*espA'*) and UMD864pMSD3(*espB'*). This data suggests that signalling proteins required for A/E lesion formation are also required to induce alterations in host cell electrolyte transport.

**CHARACTERIZATION OF A NOVEL PROTEIN SECRETED
BY SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI*.**

V185/III

**Frank Ebel*, Soudabeh Djafari, Christina Deibel, Sylvia Krämer, Petra Benkel
and Trinad Chakraborty**

Institut für Medizinische Mikrobiologie, Justus-Liebig-Universität, Giessen,
Germany

Analysis of the supernatants of Shiga toxin-producing *E. coli* (STEC) revealed that at least four different polypeptides are efficiently exported in a temperature- and medium-dependent fashion. By N-terminal sequencing we identified proteins of 37 and 25 kDa as the STEC homologues of the EPEC proteins EspB and EspA. The N-terminus of a novel 104 kDa protein (p104) showed similarities to members of the IgA1 protease-like family, a finding that was confirmed by cloning and sequencing of the corresponding gene. Monoclonal antibodies were raised against p104 to investigate its presence in different STEC and EPEC strains and to analyze its secretion mechanism.

V193/III

**FUNCTIONAL ANALYSIS OF THE ESPB GENES FROM
ENTEROPATHOGENIC *ESCHERICHIA COLI* (EPEC),
ENTEROHEMORRHAGIC *E. COLI* (EHEC), AND RDEC-1**

David K. R. Karaolis*, James B. Kaper, Edgar C. Boedeker
Center for Vaccine Development, Univ. of Maryland, Baltimore, USA

The attaching/effacing (A/E) lesion occurs with EPEC, EHEC, and rabbit RDEC-1 which possess the locus of enterocyte effacement (LEE). Tyrosine phosphorylation of host cells induced by the *espB* gene is known for EPEC but questioned in EHEC and unknown in other A/E strains. To compare *espB* function of EPEC, EHEC, and RDEC-1 we 1) cloned and sequenced *espB* from RDEC-1 (O15:H-), EHEC 85-170 (O157:H7), EHEC 6549 (O26:H11); 2) compared the sequences to EPEC E2348/69 (O127:H6) and EHEC EDL933 (O157:H7); 3) defined tyrosine phosphorylating ability of E2348/69, 85-170, and RDEC-1 on HEp-2 cells; 4) introduced a cloned *espB* of EPEC and RDEC-1 on pBluescript into UMD864 (*espB*-) and EHEC strain 85-170. Sequences of RDEC-1 and EHEC 6549 were identical. RDEC-1 (and 6549) and EHEC 85-170 differed by 22.9% and differed by 26.4% (RDEC-1) and 31.6% (EHEC) from EPEC. EHEC 85-170 and EDL933 differed at 3 bp. The central region of *espB* is highly polymorphic. Following 6 h incubation EPEC and RDEC-1 induced tyrosine phosphorylation detected by fluorescence. Minor fluorescence was seen by EHEC 85-170. Although introduction of the EPEC *espB* into UMD864 restored function seen by FAS indicating that the clone is functional, introduction of *espB* from EPEC or RDEC-1 into EHEC 85-170 did not increase its phosphorylating ability. These results confirm the relative failure of O157:H7 strains to induce tyrosine phosphorylation *in vitro* and the failure to produce levels of tyrosine phosphorylation similar to EPEC after introduction of EPEC *espB* suggests differences in transport of secreted proteins or adherence.

V202/III

ADHERENCE OF *ESCHERICHIA COLI* 0157:H7 TO EUKARYOTIC CELLS

Iftikar Urabi and Crawford Dow, Biological Sciences, University of Warwick, Coventry, UK.

Adherence has been shown to be an important determinant of *Escherichia coli* 0157:H7 pathogenicity. The following data relates to the interaction between *E.coli* 0157:H7, cultured under different physiological conditions, and two eukaryotic cell lines - HeLa cells and human colonic epithelial cells. Quantitative, comparative adherence assays were performed and the maximum bacterial adherence was evident with exponential growth phase cells at pH6. Low iron concentrations decreased adherence while bacterial cells cultured under anaerobic conditions showed a marked increase in binding to HeLa cells. Polyacrylamide gel electrophoresis of outer membrane proteins demonstrated the expression and repression of defined proteins under these varied culture conditions. It can be concluded that *E.coli* 0157:H7, in response to specified cultural/environmental conditions synthesise specific adhesins which mediate binding to mucosal surfaces. In addition, ultrastructural studies of the adherence mechanism(s) has demonstrated the ability of *E.coli* 0157:H7 to invade selected human epithelial cell lines.

SHIGA-LIKE-TOXIN GENE OF Escherichia coli ISOLATED FROM V221/III
DISEASED AND HEALTHY PIGLETS.

Susana Suárez*, Pedro Rubio, César Celemín and J.M. Villar

Departamentos de Sanidad Animal , Biología Celular y Anatomía

Facultad de Veterinaria. Universidad de León (España)

DNA and biological probes specific for genes coding for Shiga-like-toxins (SLT-I and SLT-II) and for the enteromorrbagic factor (EHF), were used to examine fecal E. coli isolates from both diarrheic and healthy piglets.

No SLT-I positive hybridization was found. However some isolates from healthy as well as diseased animals possesed SLT-II genes. E. coli isolates from diseased piglets hybridize with the EHF DNA probe.

INTIMINS FROM ENTEROHEMORRHAGIC *ESCHERICHIA COLI*
(EHEC) AND ENTEROPATHOGENIC *E. COLI* (EPEC) ARE
FUNCTIONALLY HOMOLOGOUS

V222/III

R. DeVinney, D.J. Reinscheid, M.E. Stein, A. Abe, S. Ruschkowski, and
B.B. Finlay.*

Biotechnology Laboratory, University of British Columbia, Vancouver,
BC, Canada.

The outer membrane protein intimin (Int) is necessary for the intimate attachment of both EHEC and EPEC to host cells. Int_{EHEC} and Int_{EPEC} show significant sequence homology, but differ greatly at their C-terminal, host cell binding domains. In order to study the binding properties of Int_{EHEC} and Int_{EPEC}, we constructed a fusion protein containing the C-terminal domain of Int_{EHEC} and compared it to an Int_{EPEC} C-terminal fusion protein, using immunofluorescent microscopy and whole cell ELISA techniques. Int_{EHEC} and Int_{EPEC} fusion proteins bound to either EHEC- or EPEC-infected HeLa cells, but not to uninfected cells. Results from ELISA experiments demonstrate that Int_{EHEC} and Int_{EPEC} compete for binding to EHEC or EPEC infected HeLa cells, and bind with comparable affinity. These data suggest that Int_{EHEC} and Int_{EPEC} are functionally interchangeable.

V230/III

IDENTIFICATION OF A NOVEL FIMBRIAL ANTIGEN IN EHEC.

David R. Maneval, James P. Nataro*, Myron M. Levine. Center for Vaccine Development, University of Maryland School of Medicine, Baltimore, MD, 21201

The adherence factors of enterohemorrhagic *E. coli* (EHEC) have not been fully characterized and protective antigens have yet to be identified. In an effort to characterize novel fimbrial antigens, two prototype EHEC strains were chosen for fimbrial analysis: 933 (O157:H7) and 1639-78 (O26:H11). After growth on CFA agar, both strains displayed rigid fimbriae on their surfaces by transmission electron microscopy (TEM). Fimbrial proteins were purified by shearing and cesium chloride isopycnic ultracentrifugation. On SDS-PAGE, both organisms were found to display predominant protein bands of 21 kDa. The following N-terminal sequences were obtained: O157:H7: DDGTITINGLVTX(K)(T) and O26:H11: AXGTITINGL; each revealed significant homology to *Bordetella pertussis* and *E. coli* F17 fimbrial sequences. Antisera to the O157:H7 and O26:H11 fimbriae each reacted with the homologous 21 kDa proteins on Western blot and the homologous fimbrial structures on immunogold TEM. At dilutions of 1:2000 or greater, the absorbed sera only detected fimbriae of the homologous strain; at lower dilutions, antibodies from either fimbria reacted with both. Further experiments with additional EHEC strains indicated that the anti-fimbrial sera reacted with most isolates of the homologous EHEC serotype. One or both of the antisera reacted with 90% of EHEC, but only rarely with other *E. coli*. Plasmid-cured EHEC 933 still reacted with the antiserum, suggesting that the fimbriae were encoded by the EHEC chromosome. We hypothesize that EHEC express highly conserved surface fimbrial antigens which can be used as targets for rapid diagnostic reagents and as potential protective antigens in vaccine development.

V231/III CONSTRUCTION OF REPORTER GENE FUSIONS TO STUDY THE INFLUENCE OF ENVIRONMENTAL FACTORS ON VERO-TOXIN EXPRESSION IN *ESCHERICHIA COLI* O157:H7.

P.T. Kimmitt, C.R. Harwood and M.R. Barer*

Department of Microbiology, University of Newcastle upon Tyne, U.K.

At present little is known about how environmental factors influence the expression of vero-toxins. Several bacterial virulence genes are known to be maximally expressed under conditions of environmental stress and this has lead us to speculate that such stresses may upregulate the expression of vero-toxin in *E. coli* O157:H7. We have constructed vero-toxin reporter gene fusions, allowing us to monitor the expression of vero-toxin at the colony and single cell level. The reporter genes used were the *E. coli lacZ*, and jellyfish *gfpA* genes. Fusions of the vero-toxin 2 A and reporter genes were achieved by a PCR splicing technique, and the fused DNA was subcloned into a vector containing a kanamycin resistance gene, the *B. subtilis sacB* gene, lethal when expressed in *E. coli* in the presence of sucrose, and a temperature sensitive origin of replication. A chromosomal gene fusion is created by allelic exchange in two stages, selecting for, 1) kanamycin resistance at the non-permissive temperature, and 2) ability to grow on medium containing sucrose and associated loss of kanamycin resistance.

CHARACTERIZATION OF SHIGA TOXIN-PRODUCING NON- O157
ESCHERICHIA COLI FROM THE UNITED STATES, 1983-1997

V235/III

Nancy Strockbine*, Evangeline Sowers, Kathy Greene, Peggy Hayes,
Patricia Griffin, and Joy Wellsenters for Disease Control and Prevention,
Atlanta, GA, USA

In the past 15 years, we have investigated clusters of Shiga toxin-producing *E. coli* (STEC) O104:H21, O111:NM and O121:H19. Among the 68 STEC isolates from sporadic infections, all with clinical information were from persons with diarrhea or hemolytic uremic syndrome. Thirty-four serotypes were isolated from sporadic cases, with O111:NM (11 isolates) and O26:H11(9 isolates) most common. Excluding epidemiologically-related isolates, 41% (30/72) of cluster and sporadic isolates were positive by PCR for only *stx1*, 35% (25/72) for only *stx2*, and 24% (17/72) for *stx1* and *stx2*. Sixty-five of the 72 were available for testing by PCR for *eaeA* and the EHEC plasmid; 68% (44/65) had both markers, 22% (14/65) had neither, 2% (1/65) had *eaeA* alone, and 9% (6/65) had the EHEC plasmid alone. Because a mucin-activatable form of Stx2 was recently reported for one of our strains lacking *eaeA* and *stx1* genes (O104:H21), we examined all the strains for an association between *eaeA* and *stx* genes. Twelve (60%) of 20 *eaeA*-negative strains lacked *stx1* compared with 11 (24%) of 45 *eaeA*-positive strains, ($p < 0.02$). Research is needed to determine if there is an association between the absence of *eaeA* and the production of activatable forms of Shiga toxins to better understand how these strains cause disease.

IDENTIFICATION OF SHIGA TOXIN PRODUCING *E. COLI* (STEC)
FROM HUMAN STOOL BY COMBINED USE OF DIFFERENT
SCREENING SYSTEMS

V30/IV

Lothar Beutin*, Sonja Zimmermann, and Kerstin Gleier
Robert Koch-Institut, Berlin, Germany

148 bacterial cultures grown from stool of human patients with supposed STEC infections were examined for STEC by the Verocell-toxicity (VT) test, an *stx*-specific PCR and the enterohemolysin (Ehly) agarplate assay. Thirtyfour (23.0%) of the cultures reacted positive in the *stx*-PCR, 64 (43.2%) were VT-positive and 50 (33.8%) yielded Ehly⁺ *E. coli*. STEC could be isolated from 39 (26.4%) samples. All 39 samples were VT-test positive, but only 27 (69.2%) reacted in the *stx*-specific PCR. A negative *stx*-PCR result was obtained when low amounts of STEC were present in the stool culture. The VT-test was found to be more sensitive for detection of low amounts of STEC but reacted also positive with stool cultures containing other toxins than Stx. EHly-positives were found in 36 (92.3%) of the 39 STEC isolates. Our results are indicating that the combination of different screening methods provides the best chance for identification and isolation of STEC from stool. The Ehly-agarplate assay was suitable for isolation of low amounts of Ehly⁺-STEC from dilutions of human stool cultures.

V35/IV THE ROLE OF LIPOPOLYSACCHARIDE AND SHIGA-LIKE TOXIN IN A MOUSE MODEL OF *ESCHERICHIA COLI* O157:H7 INFECTION

Diana Karpman*, Hugh Connell, Majlis Svensson, Flemming Scheutz, Per Alm, Catharina Svanborg

Departments of Pediatrics, Clinical Immunology and Pathology, University of Lund, Sweden and The International *Escherichia* and *Klebsiella* Centre (WHO), Statens Serum Institut, Copenhagen, Denmark

The role of lipopolysaccharide (LPS) and Shiga-like toxin (SLT) in the pathogenesis of hemolytic uremic syndrome (HUS) was studied in a mouse model. Mice inoculated intragastrically with *E. coli* O157:H7 developed gastrointestinal, neurologic and systemic symptoms, necrotic foci in the colon, glomerular and tubular histopathology, and fragmented erythrocytes. LPS responder (C3H/HeN) mice developed a combination of neurological and systemic symptoms whereas LPS non-responder (C3H/HeJ) mice had a biphasic course of disease first developing systemic symptoms and later severe neurological symptoms. Mice inoculated with SLT-II-positive strains developed severe neurotoxic symptoms, a higher frequency of systemic symptoms and glomerular pathology compared to SLT-II-negative strains. Anti-SLT-II antibodies protected against these symptoms and pathology. These results demonstrate that this model could be used to study aspects of human HUS and that both LPS and SLT are important for disease development.

V49/IV MOLECULAR ANALYSIS OF SHIGA TOXIN-PRODUCING
ESCHERICHIA COLI O111:H⁻ PROTEINS WHICH REACT WITH
CONVALESCENT HUS PATIENT SERA

Elena Voss, Adrienne W. Paton, Paul A. Manning, and James C. Paton*
Microbial Pathogenesis Unit, Dept. of Microbiology and Immunology,
University of Adelaide, and Molecular Microbiology Unit, Women's and
Children's Hospital, North Adelaide, S.A., Australia

A recent outbreak of HUS in South Australia was caused by fermented sausage contaminated with STEC. The predominant STEC isolated from HUS patients belonged to serotype O111:H⁻. We have performed Western blot analysis to assess the reactivity of five convalescent patient sera to O111:H⁻ whole cells, untreated or treated with proteinase K. As expected, all five sera demonstrated a marked anti-LPS response, but several protein bands were also labelled. One convalescent serum was subsequently used to screen an O111:H⁻ cosmid bank and two of nine hundred cosmid clones were found to be positive. Western blot analysis of these two clones identified three major immunoreactive protein bands of approximately 94, 70, and 50 kDa. An immune response to the three proteins was detectable in all five convalescent sera, but not in normal human serum. Preliminary studies have shown the 94 kDa protein is membrane-associated. Interestingly, it is also present in an enteropathogenic *E. coli* strain of serotype O111, but is not found in STEC strains belonging to other serotypes.

NEUROTOXICITY OF STX 2 AND PROTECTION BY ANTI STX2
ANTIBODY IN RABBITS

V76/IV

J Fujii^{1*}, Y Kinoshita², T Kita³, T Takeda⁴ and T Yutsudo⁵, S Yoshida¹
Department of Microbiology¹, Neurosurgery², Forensic Medicine³,
School of Medicine, University of Occupational and Environmental
Health, Kitakyushu 807, and Department of Infectious Disease
Research, National Children's Medical Research Center, Tokyo 154⁴,
and Shionogi and Co. Ltd., Osaka 561⁵, Japan

The brain lesions in rabbits given intravenous Shiga toxin 2 (Stx2) were noted at 24h in an area around the third ventricle (Infect. Immun. 1996. 64: 5053-5060). This result implied that Stx2 is present in the cerebrospinal fluid (CSF) despite toxin being administrated intravenously. We examined whether anti-Stx2 antibody injected intrathecally protects rabbits against brain damage. Eighty percent of the rabbits injected with Stx2 of 5.0 µg/kg, died within 8 days from brain damage. Rabbit anti-Stx2 sera were administrated into the CSF space through the cisterna magna. All the rabbits survived when they were given an intrathecal injection of the anti sera 2h before the intravenous injection of Stx2. Our results suggest that an intrathecal injection of anti-Stx2 antibody could be a therapy for acute encephalopathy by Stx2-producing *E. coli*.

EFFECT OF SHIGA TOXIN 2 ON AUTONOMIC CARDIOVASCULAR
AND RESPIRATORY FUNCTIONS IN CONSCIOUS RABBITS

V77/IV

Y.Yamada¹, J.Fujii², Y.Murasato³, T.Nakamura³, T.Okamura¹,
T. Yutsudo⁴, Y. Hayashida³, S.Yoshida² * Departments of ¹Urology,
²Microbiology and ³Systems Physiology, Univ. of Occupational and
Environmental Health, Kitakyushu and ⁴Shionogi &Co.Ltd., Osaka,
Japan

In order to examine a possible cause of death after the Shiga toxin 2 (Stx2) administration, we monitored continuously and simultaneously the changes of cardiovascular and respiratory functions together with renal sympathetic nerve activity(RSNA) in conscious rabbits. All rabbits died about 45.5 hours in average after 20 µg/kg i.v. injection of Stx2. Arterial blood pressure, respiratory rate, PaO₂, PaCO₂ and RSNA were maintained at each normal level up to a few hours before death. Ataxia was observed on hindquarters at first, and then gradually extended to forequarters over ten hours before death. Thereafter, decrease in blood pressure and respiratory rate, and RSNA increase occurred almost simultaneously a few hours before death. These results suggest that the cause of the death might be dysfunction of the central nervous system, presumably due to prolonged effect of Stx2.

V80/IV

LIMPHOTOXIC EFFECT OF VEROCYTOTOXIN PRODUCING *Escherichia coli* IN RABBIT CAECUM.

G. Valdivia-Anda, J.A. Montaraz-Crespo* and J. Tórtora-Pérez
Depto. de Salud Animal , Facultad de Estudios Superiores
Cuautitlan, UNAM, México.

An experimental model comprising in situ inoculation of VT-producing *Escherichia coli* strains in a surgically isolated caecum segment of rabbits was developed. Cultures of strains 933, 933J, 933W and K12 were tested; rabbits were clinically evaluated until they died or euthanasia performed (six weeks after surgery); blood and urine samples were taken for complete hemogram and urea and creatinine evaluation. Histopathological examination of the caecum segment revealed a severe lymphocyte depletion, destruction of enterocytes, interstitial edema and hemorrhage. Lesions were more severe in rabbits inoculated with strain 933; milder lesions were observed after inoculation with strain 933J

V81/IV

A RABBIT MODEL FOR HAEMOLYTIC UREMIC SYNDROME.

G. Valdivia-Anda, J.A. Montaraz-Crespo* and J. Tórtora-Pérez .
Departamento de Salud Animal, Facultad de Estudios Superiores
Cuautitlan, UNAM, México.

An experimental model consisting of in situ inoculation of VT-producing *Escherichia coli* strains into a surgically isolated caecum segment of rabbits was developed. Rabbits inoculated with strains 933 or 933W developed hemorrhagic diarrhoea, anemia and renal failure over a period of 2 to 5 days post inoculation; milder lesions were observed in rabbits inoculated with strain 933J; in contrast rabbits inoculated with strain K12 remained healthy over a period of six weeks after inoculation. The animals developed increase of blood nitrogen urea, creatinine and haemoglobin in serum and decrease of seric free haptoglobin. This rabbit model reproduced the illness and the histological alterations described in Haemolytic Uremic Syndrome.

A LABORATORY MODEL OF HAEMOLYTIC URAEMIC SYNDROME
(HUS).

V83/IV

CM Taylor, CJ Lote, AJ Howie, JM Williams*, JA Woods, A Thewles,
DV Milford, JM Lord.

Dept of Nephrology, The Birmingham Children's Hospital, Depts of Physiology and Histology, Birmingham University and Renal Research Laboratory, University Hospital, Birmingham, Dept Biological Sciences, Warwick University.

An animal model, essential to explore the pathogenic pathways of HUS, is constrained by the species restriction of Gb3. We have circumvented this problem by using the plant toxin ricin which has identical enzymatic activity on ribosomes.

Rats given intravenous ricin or LPS (*E. coli* O111:B4) separately had no thrombotic microangiopathy at 8h. Simultaneous treatment caused typical glomerular thrombotic microangiopathy, replicating the histology seen in humans. This is an interrogatable animal model for human HUS.

SHIGA TOXIN 1 (STX1) INTERACTION WITH HUMAN BRAIN MICROVASCULAR ENDOTHELIAL CELLS: CYTOKINES AS SENSITIZING AGENTS.

V101/IV

Belakere Ramegowda, Orlando G. Fonseca, James E. Samuel and Vernon L. Tesh*. Dept. of Med. Microbiol. and Immunol., Texas A&M Univ. Hlth. Sci. Ctr., College Station, TX 77843-1114.

Neurologic abnormalities are among the most serious extra-intestinal sequelae of infection with Stx-producing bacteria. Earlier studies suggested that Stxs do not directly damage neuronal cells; rather vascular endothelial cells may be the primary targets of Stx-mediated cytotoxicity. We show here that human brain microvascular endothelial cells (HBMEC) cultured *in vitro* were relatively resistant to purified Stx-1 (CD₅₀ ~10 µg/ml or 10⁴ Vero CD₅₀s). Pretreatment of HBMEC with TNF-α, IL-1β, butyric acid or a cAMP analogue resulted in a 10³- to 10⁵-fold decrease in CD₅₀s, and a 2- to 3-fold increase in the binding of FITC-labeled Stx1 to HBMEC. Interestingly, LPS pretreatment of HBMEC did not alter toxin sensitivity or binding. These data suggest that the Stx1-mediated host response may participate in the development of neurologic complications. Studies to elucidate and quantitate the glycolipids interacting with Stx1 are in progress. (Supported by USPHS grant AI34530).

V102/IV **SHIGA TOXIN 1 (STX1) ACTIVATES TNF- α GENE TRANSCRIPTION AND TRIGGERS NUCLEAR TRANSLOCATION OF THE TRANSCRIPTIONAL ACTIVATORS NF- κ B AND AP-1.**

Ramesh Sakini, Belakere Ramegowda, Gregory Foster, and Vernon L. Tesh*. Dept. of Med. Microbiol. and Immunol., Texas A&M Univ. Hlth. Sci. Ctr., College Station, TX 77843-1114.

Dysentery caused by Stx-producing bacteria is linked with development of acute renal failure and neurologic abnormalities. The pathologic hallmarks of post-diarrheal sequelae are thrombotic vascular lesions. *In vitro* studies using human vascular endothelial cells (HVEC) demonstrated minimal Stx cytopathic effects, unless the target cells were also incubated with the cytokines TNF- α or IL-1 β . TNF- α increases toxin receptor expression by HVEC *in vitro*. We show here that purified Stx1 or LPS induces TNF secretion by a human monocytic cell line in a dose- and time-dependent manner. Treatment of cells with Stx1+LPS resulted in augmented TNF production. Northern blot analyses showed that Stx1-mediated TNF- α induction is mediated, at least in part, at the transcriptional level. Increased levels of TNF- α mRNA were preceded by the nuclear translocation of the transcriptional activators NF- κ B and AP-1. Collectively, these data suggest that Stxs possess cellular signaling capabilities sufficient to induce the synthesis of the cytokines that are instrumental in target cell sensitization and the development of vascular lesions. (Supported by USPHS grant AI-34530).

V104/IV **A PRIMATE MODEL OF ENTEROHEMORRHAGIC *ESCHERICHIA COLI* INFECTION**

Gagandeep Kang, Anna Pulimood, Minnie Mathan, V I Mathan
The Wellcome Trust Research Laboratory, Christian Medical College and Hospital, Vellore, Tamil Nadu, India

Twenty-two adult Macacca radiata were infected with *Escherichia coli* O157:H7 strain 84-01. Diarrhea occurred for upto 5 days post-infection in 17 monkeys. O157 were isolated from about 6 hours upto 12 days post-infection in 17 monkeys. Acute colitis with submucosal congestion and attaching-effacing (A/E) lesions were present from 6 hours to 9 days, mainly in the caecum, ascending and mid-colon. Ultrastructurally, A/E lesions specifically targeted the intercellular junctions with marked epithelial degeneration. Secondary bacterial infection followed O157 infection and subsequent barrier loss. This primate model parallels early stages of disease produced by *E. coli* O157:H7.

SLT I AND II DAMAGE MICROVASCULATURE IN THE GI TRACT

V106/IV

Rachel Koshi, Minnie M Mathan, V I Mathan

Departments of Anatomy & Gastrointestinal Sciences, Christian Medical College & Hospital, Vellore, India

LD50 dose of SLT I and II was parenterally administered to twelve 4-6 week old Swiss albino mice. Ultrastructural examination of the hepatogastrointestinal vasculature showed damage to endothelial cells with swelling, cytoplasmic rarefaction, dilatation of endoplasmic reticulum, clumping of nuclear chromatin and focal disruption of cell membrane. In addition there was platelet aggregation, degranulation and adherence to damaged endothelium, maximally affecting the caecum. Capillaries and venules were more severely damaged than arterioles. Damage to microvascular endothelium could be a contributory factor in producing diarrhea in EHEC infection.

ADULT RABBIT AS AN ANIMAL MODEL FOR THE HEMOLYTIC UREMIC SYNDROME

V109/IV

H.M. Zepeda,¹ J.L. Andrade-Cabrera,¹ M.E. Diaz-Cinco², J.M. Alvarez-Lopez,³ G.A. Lopez de la Cruz,⁴ A. Cisneros-Guzman,¹ and L. Sanchez-Chapul¹

¹Microbiología, E.N.C.B-I.P.N., ²CIAD, Hermosillo Sonora, Mexico,

³Microbiología, B.U.A.P -Puebla, Mexico, ⁴HUP-Puebla, Mexico

Hemolytic uremic syndrome (HUS) is defined as a triad of acute renal failure, microangiopathic hemolytic anemia and thrombocytopenia. In this study we created Thiry-Vella loops in the small intestine of 12 rabbits. A 1 mL volume of a broth culture (6×10^8 CFU/mL) of Shiga-like toxin producing *Escherichia coli* (SLTEC) strains 933, 933J, 933W, H30 and negative control strain *E. coli* K-12 was inoculated into the isolated intestinal segments. The rabbits were observed and evaluated clinically over a 5-week period, during which blood urea, creatinine and serum haptoglobin were measured every 72 hours. The animals were euthanized at the end of the 5 weeks. Animals inoculated with SLTEC strains showed elevation of blood urea and creatinine. Histopathological examination showed obstruction of renal microvessels and glomerular and tubular necrosis in the kidneys, edema in the brain, erythrocyte fragmentation in the liver, and congestion in the spleen. Strain 933 elicited the most severe changes but all SLTEC induced changes similar to those seen in HUS. This animal model demonstrated that intact toxin passes from the intestine into the circulation.

V115/IV INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1ra) PROTECTS AGAINST TISSUE INJURY IN AN ANIMAL MODEL OF HEMORRHAGIC COLITIS.

P. D. Bloom*, R. Russell^{**}, D. Blake, E. Boedeker. G.I. Div. and Center for Vaccine Dev., University of Maryland and the Res. Service, Baltimore V.A.M.C.^{**}, Baltimore, MD, U.S.A.

E.coli strain RDEC-H19A is an attaching/effacing (A/E) rabbit pathogen which secretes high levels of SLT-1. This strain induces intestinal disease in rabbits resembling human hemorrhagic colitis. Since IL-1, in vitro, upregulates endothelial receptors for SLT-1, inhibition of IL-1 activity, by administration of IL-1 receptor antagonist (IL-1ra) may attenuate the inflammatory response to enterohemorrhagic *E.coli* (EHEC) infection. To determine if IL-1ra could prevent tissue injury due to SLT-1 producing *E. coli*, we administered IL-1ra systemically to rabbits; introduced RDEC-H19A into ligated small bowel loops; confirmed colonization and toxin expression; measured fluid accumulation; and graded tissue injury by histo-pathological analysis. Intestinal loops in untreated rabbits injected with H19A were grossly edematous(0.3 ml/cm of fluid). In contrast, 10/12 intestinal loops in IL-1ra treated animals appeared grossly normal while 2 affected loops contained only 0.1ml/cm of fluid. Submucosal edema in untreated animals ($241 \pm 131\text{um}$ in H19A loops) was markedly decreased by IL-1ra treatment ($7.5 \pm 20\text{um}$, $p<0.03$). Crypt/villus ratio ($4.5 \pm 0.41\text{um}$ PBS loops) was decreased by H19A in untreated animals ($2.2 \pm 0.3\text{um}$, $p<0.03$) but maintained by IL-1ra ($3.9 \pm 0.4\text{um}$). PMN infiltration (13.2 ± 4.8 PMN/villus H19A loops) was limited by IL-1ra (2.4 ± 3.6 , $p<0.01$). Bacterial mucosal adherence was unchanged by IL-1ra. IL-1ra markedly protected intestinal loops challenged with an SLT-1 producing, A/E strain of *E. coli* against edema, inflammation, and injury.

V125/IV COMPETITIVE COLONIZATION OF SHEEP BY DIFFERENT PATHOTYPES OF *ESCHERICHIA COLI*

Nancy Cornick*, Tom Casey, Greg Phillips and Harley Moon.
Vet. Med. Res. Inst. and Dept. Microbiol., Iowa State Univ. and Nat.
Animal Dis. Ctr., USDA-ARS, Ames, USA

We developed a sheep model of competitive colonization to test whether enterohemorrhagic *Escherichia coli* (EHEC) colonize the intestinal tract of ruminants more effectively than other pathotypes of *E. coli*. Six strains, representing 4 pathotypes, were selected: 2 enterotoxigenic (ETEC), 2 EHEC, 1 enteropathogenic and 1 nonpathogenic. The strains were differentiated from each other and from the resident flora by antibiotic resistance and biotyping. Two sheep were simultaneously inoculated with all 6 strains (10^{10} CFU/strain) and fecal shedding of individual strains was followed. All 6 strains were detected by 4 days post inoculation (PI) at 10^2 to 10^5 CFU/g of feces. Two weeks PI, all 6 strains were 10^2 CFU/g or less. Two months PI the 2 EHEC strains were detected only by enrichment culture (<50 CFU/g) in both animals, 1 ETEC strain was detected in 1 animal (<50 CFU/g) and the other strains were not recovered. Our results suggest that EHEC colonize ruminants better than other pathotypes of *E. coli*.

AN ENZYME-LINKED IMMUNOSORBANT ASSAY TO DETECT PATIENT
ANTIBODIES TO SECRETED PROTEINS OF *ESCHERICHIA COLI* O157:H7.

V160/IV

Karen G. Jarvis and James B. Kaper*. University of Maryland at Baltimore,
Center For Vaccine Development, Baltimore MD, USA.

We recently reported that *Escherichia coli* O157:H7 secretes novel proteins that engender a strong immune response in patients infected with the organism (Infec. Immun. 64:4826;1996). Two of these proteins EspA (24 kDa) and EspB (37 kDa) are exported by a type III secretion system. The genes encoding EspA, EspB, and the type III secretion system, are contained on a 35 kb pathogenicity island called the LEE (locus of enterocyte effacement). A 100 kDa protein, not encoded for within the LEE, is also secreted extracellularly but not via the type III pathway. Western blot analysis of the polypeptides secreted by *E. coli* O157:H7 has shown that they are recognized by rabbit antiserum raised against the proteins secreted from enteropathogenic *E. coli* and by human sera from patients infected with *E. coli* O157:H7 strains. We have developed an ELISA to screen human sera for the presence of antibodies to the *E. coli* O157:H7 secreted proteins. Initial experiments using a whole secreted protein preparation as the antigen revealed that the 100 kDa protein reacted with potentially negative sera. We have cloned the *espB* gene from an *E. coli* O157:H7 strain into a fusion system that enables high levels of protein expression and subsequent purification of the cloned gene product without the fusion tag. The use of purified EspB protein in this ELISA offers a useful method for immunodiagnostics and seroepidemiology.

RABBITS IMMUNIZED WITH A VEROCYTOTOXIN 2 (VT2) TOXOID ARE CROSS-
PROTECTED AGAINST CHALLENGE BY INTRAVENOUS VT1. K. Ludwig, M. A.
Karmali*, M. Winkler, and M. Petric. Division of Microbiology, Department of Pediatric
Laboratory Medicine, The Hospital for Sick Children, University of Toronto, Ontario,
Canada.

V163/IV

Verocytotoxin 1 (VT 1) and VT2 are neutralized by homologous but not by heterologous antisera *in-vitro*. Similarly, *in-vivo*, rabbits immunized with VT1 toxoid or Shiga toxin are protected against intravenous challenge with homologous toxin, but whether they are also cross-protected against systemic challenge with a heterologous VT has yet to be established. The objective of this study was thus to determine whether rabbits immunized with a VT2 toxoid were cross-protected against intravenous challenge with VT1. Specific pathogen-free New Zealand White rabbits (~ 2kg) were immunized by subcutaneous injection with 50 µg of VT2 toxoid mixed with equal volume of Freund's complete adjuvant (FCA) and boosted with 70 µg of VT2 toxoid in FICA in four sequential weekly intervals. Immunized animals developed neutralizing antibody titers ranging from 1:16,000 to 1:32,000 against VT2 but titers of < 1:2 against VT1. Two groups of three immunized rabbits and non-immunized rabbits were challenged with 10 and 50 LD₅₀s of VT1 respectively and observed for symptoms. All unimmunized animals developed evidence of hemorrhagic diarrhea, all but one, developed limb weakness, and two animals became tetraplegic. These animals were sacrificed in a humane manner. All immunized animals, however, remained symptom-free over an observation period of three and a half weeks. In parallel experiments, protection of VT2-immunized animals against VT1 challenge correlated with the lack of uptake of both ¹²⁵I-VT1 and ¹²⁵I-VT2 by target tissues of immunized animals but not by those of unimmunized animals. Our findings indicate that immunization with VT2 toxoid provides protection against challenge by homologous and heterologous toxins, and this has significant implications for the design of vaccine strategies in humans.

V164/IV LOCALIZATION OF INTRAVENOUSLY ADMINISTERED VEROCYTOTOXINS (SHIGATOXINS) 1 AND 2 IN RABBITS IMMUNIZED AGAINST HOMOLOGOUS AND HETEROLOGOUS TOXINS AND TOXIN SUBUNITS. M. Bielaszewska, I. Clarke, M. A. Karmali*, and M. Petric. Division of Microbiology, Department of Pediatric Laboratory Medicine, The Hospital for Sick Children, University of Toronto, Ontario, Canada.

The pathological effects of Verocytotoxin 1 (VT1) in the CNS and the GI tract of rabbits correlate with the uptake of ¹²⁵I-labeled VT1 by the same tissues. In animals immunized with VT1 toxoid, uptake of ¹²⁵I-VT1 by target tissues is inhibited and labeled toxin is cleared by the liver and spleen. The uptake of ¹²⁵I-labeled VT1 in immunized and non-immunized animals thus provides a convenient approach for studying immunity to systemic toxin. The objective of this study was to determine the uptake of ¹²⁵I-labeled VT1 and VT2 in rabbits immunized against homologous and heterologous toxins and toxin subunits. Groups of rabbits were immunized with VT1 toxoid, VT2 toxoid, or with the A or B subunits of each toxin, and challenged with intravenous ¹²⁵I-VT1 or ¹²⁵I-VT2. After 2 hours the animals were sacrificed, and selected tissues were analyzed for uptake of radiolabelled toxin. It was found that animals immunized with VT1 toxoid or with VT2 toxoid were protected from target tissue uptake of labeled homologous toxin as well as the labeled heterologous toxin, with the highest uptake of labeled toxins occurring in the liver and spleen. Similarly rabbits immunized by either the VT1A subunit or the VT2A subunit were protected from target tissue uptake of both the homologous and heterologous ¹²⁵I-labeled holotoxins. In contrast, in animals immunized with the toxin B subunits, protection extended only against challenge by the homologous toxin. These results provide evidence of VT1 and VT2 cross-neutralization in-vivo in the rabbit model and indicate that the in-vivo cross-neutralization is a function of antibodies directed to the VT A subunits. This suggests that the VT1A or VT2 A may be suitable immunogens for immunizing humans against systemic VT-mediated disease.

V167/IV VEROCYTOTOXIN PRODUCING *Escherichia coli* STRAINS ISOLATED IN MEXICO. DURING AN OUTBREAK OF BLOODY DIARRHOEA OF CALFS.

G. Valdivia Anda¹, J. Tortora-Perez¹, J.A Montaraz-Crespo¹, A. Navarro-Ocaña², A. Cravioto², and C. Eslava². Facultad de Estudios Superiores Cuautitlán UNAM¹, Depto. Salud Pública. Facultad de Medicina UNAM. Mexico.²

In this study we are reporting clinical and aetiological results about an outbreak of bloody diarrhea in calves of 1 to 10 days old. Selective culture media and specific O and H antiserum were used to identify the *E. coli* strains. The verocytotoxic activity was determined in vero-cells cultures and in a rabbit model developed in our laboratory. The clinical features were related with haemorrhagic colitis with lymphocyte infiltration, and edema of the submucose in the digestive tract. Alterations of central nervous system, and death of some calves also were observed. *E. coli* strains of serotypes O4:H16, O33:H⁻, O114:H4, O157:H⁻, O166:H15 and O167:H10 were identified, all the strains were cytotoxin producers. The rabbit model reproduced the illness and the histological alterations described in Uremic Haemolytic Syndrome. Rotavirus were observed in the faecal samples without significative impute risk of infection associated to the illness ($p < 0.05$). In Mexico EHEC strains of serotypes different to O157:H7 are associated with haemorrhagic colitis in calves.

SERUM ANTIBODIES TO *Escherichia coli* O157 LIPOPOLYSACCHARIDE IN MEXICAN ADULTS. **V168/IV**

A. Navarro Ocaña, J. L. Mendez-Sanchez, L. M. Perea-Mejia, C. A. Eslava, and A. Cravioto . Depto. Salud Publica, Facultad de Medicina UNAM, Mexico, D. F.

In Mexico there has not been found any illness in humans, associated to *Escherichia coli* O157:H7 infection. In this study we show results related to the serological cross-reaction between, *E. coli* O157 and other *E. coli* serogroups. The antibodies response against O157 lipopolysaccharide (LPS) is also reported, from serum samples obtained from healthy adults. Plate microagglutination test with specific rabbit antiserum obtained against the 173 *E. coli* somatic (O) antigens, was used to analized the LPS cross reactivity in 114 *E. coli* O157 strains. The presence of antibodies against O157 LPS was determined in 100 serum samples, by plate microagglutination and ELISA test. Cytotoxic activity of the O157 strains was measured with the Vero cells assay. O157 LPS shown cross reactivity against O7 (67%) and O116 (81%) LPS. The human serum response against O157 LPS was positive in 37% of the samples, and in 26% y 22% against O7 and O116 LPS. Culture supernatants from O157:H7 *E. coli* strains isolated in different countries, and O157 strains with different flagellar antigen isolated in Mexico were cytotoxic to Vero cells cultures. *E. coli* O157:H7 is a pathogen not associated to illness in Mexico; the presence of antibodies against O157 LPS in the serum is likely related to inespecific immune response associated to antigenic cross reactivity.

CHARACTERIZATION OF THE PRIMATE (BABOON) RESPONSES
TO SHIGA-LIKE TOXIN. F.B. Taylor, Jr.^{*1}, L. DeBault¹, A.C.K. Chang¹, A. Li¹, V.L. Tesh², T.J. Pysher³, R.L. Siegler³. ¹Oklahoma Med. Res. Found., Oklahoma City, OK, ²Texas A&M Univ. Health Science Center, College Station, TX and ³Univ. of Utah School of Med., Salt Lake City, UT.

The response of 10 baboons to IV infusion of Shiga-like toxin-I (SLT-I) varied from acute renal failure and hyperkalemia (Group 1, N=4) to classical hemolytic uremic syndrome (HUS) with renal failure, thrombocytopenia, schistocytosis, anemia, and melena (Group 2, N=3) to renal failure with a mixed response (Group 3, N=2). Group 1 received 2.0 ug/kg of SLT-1. Light and electron microscopy showed organelle disintegration and necrosis of proximal tubular epithelium, and of mucosal epithelium at the tips of the microvilli of the intestine, both of which bear Gb3 receptors. These changes also were accompanied by swelling of podocytes and retraction of endothelial cells of renal glomerular capillaries. The renal changes were multifocal. The intestinal changes were accompanied by minimal to extensive mucosal and submucosal hemorrhage. Electron microscopic images of brain cortex and cerebellum showed diffuse uniform unraveling of myelin sheaths with occasional disintegration of neuronal cell bodies. Gb3 receptors were not present in these CNS tissues.

Groups 2 and 3 received 0.05 to 0.2 ug/kg of SLT-1. Light and/or electron microscopy showed microvascular fibrin deposition and thrombosis of renal glomerular and peritubular capillaries in Group 2 in conjunction with systemic markers of HUS, while Group 3 showed a mixed picture. All three groups exhibited renal shut down and died in 62 hours or less. All these groups produced urine which was positive for tumor necrosis factor and interleukin-6 while neither of these cytokines was detectable (\leq 5 pg/ml) in the general circulation. We concluded that depending on the dose, SLT-1 can injure directly via its toxic effects and indirectly via host inflammatory mediators.

V176/IV

V188/IV

TOXIN ANTIBODIES IN THE SERA OF CHILDREN WITH *SHIGELLA*-ASSOCIATED HEMOLYTIC UREMIC SYNDROME

T. Azim*, A. Rashid, F. Qadri, M.S. Sarker, J. Hamadani,
M.A. Salam and M.J. Albert
International Centre for Diarrhoeal Disease Research, Bangladesh,
Dhaka, Bangladesh

Antibodies to Shiga-like toxin-1 (IgA, IgG and IgM) were measured in the sera of 54 children, aged 12-60 months, with *Shigella dysenteriae* 1 infection. Of the 54 children, 18 had HUS. Children with HUS had lower anti-toxin IgM titers than those without HUS ($p=0.008$). However, as multiple regression analysis revealed that the duration of diarrhea prior to admission influenced the antibody response, children were divided into short (3-5 days), medium (6-9 days) and long (> 9 days) diarrhea duration subgroups. In the short diarrhea duration subgroup, children with HUS had higher anti-toxin IgA titers than children without HUS ($p=0.028$). In the medium and long diarrhea duration subgroups, IgM titers were lower in children with HUS than in those without HUS ($p=0.008$ and 0.020, respectively). These findings suggest that HUS occurs in children with a secondary infection and that anti-toxin IgA may not be protective against the development of HUS.

V189/IV

ADHESION OF NEUTROPHILS TO CEREBRAL ENDOTHELIAL CELLS INDUCED BY VEROTOXIGENIC *ESCHERICHIA COLI* (VTEC)

James Hutchison *, Linda Peterson and Glen Armstrong
Pediatric Intensive Care Service, Departments of Pediatrics and Physiology,
University of Ottawa, Ontario and Department of Medical Microbiology and
Infectious Disease, University of Alberta, Edmonton, Alberta, Canada

Neutrophil adhesion and injury to cerebral endothelial cells may be important in the pathophysiology of the encephalopathy of hemolytic uremic syndrome. We hypothesized that the adhesion of neutrophils to cerebral endothelial cells would increase during the development of the cerebral microangiopathy induced by VTEC in mice. Mice were anesthetized at 24, 48 and 72 hours following intra peritoneal injection of crude extracts of VTEC and following no injection (controls). The adhesion of leukocytes to endothelial cells in pial venules was recorded in real-time using fluorescent intravital microscopy through a cranial window following intravenous injection of the nuclear dye, acridine orange. There was a four-fold rise in the mean number of leukocytes rolling and adhering in pial venules at 48 hours following injection of VTEC compared to controls. In conclusion, the adhesion of leukocytes to endothelial cells in pial venules increases following injection of crude extracts of VTEC in mice.

PLASMA AND STOOL CYTOKINES AND CYTOKINE
ANTAGONISTS, PLASMA ENDOTOXIN, AND STOOL SHIGA TOXIN
IN PATIENTS WITH *S. DYSENTERIAE* TYPE 1-ASSOCIATED HUS

V195/IV

Mohammed Salam, Wasif Khan, Jeffrey Griffiths, Sabine de Breucker,
Arnaud Marchand, Charles Dinarello, Gerald Keusch, and Michael
Bennish, New England Medical Center, Boston, USA, and the
International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh.

We measured on admission, hospital days 3 & 5, and post-discharge plasma concentrations of endotoxin (ETX), tumor necrosis factor- α (TNF- α), interleukin 6 (IL-6), granulocyte colony stimulating factor (G-CSF) granulocyte-macrophage colony stimulating factor (GM-CSF), interleukin-1 receptor antagonist (IL-1RA) tumor necrosis factor-binding protein (TNF-BP), and stool concentrations of TNF and Shiga toxin (STX) in 26 patients (pts) with *S. dysenteriae* 1 (SD1) infection and HUS, 36 pts with SD1 infection and leukemoid reaction, 65 pts with SD1 infection without systemic complications, 30 pts with *Shigella* infections other than SD1, and 103 pts with watery diarrhea. ETX was measured by chromogenic-limulus lysate assay. G-CSF and STX by ELISA; all others by RIA. All four *Shigella* groups had higher median peak ETX concentrations than did pts with watery diarrhea, with the highest concentrations being in pts with HUS (3.93 IU vs 0.21 in pts with watery diarrhea). HUS pts also had significantly higher median peak plasma concentrations of TNF, GM-CSF, IL-6, IL-RA, TNF-BP and higher stool concentrations of TNF than the other 4 groups. The 3 SD1 groups more commonly had SXT detectable in stool. In summary, HUS pts had higher endotoxin concentration, and a more marked inflammatory and counter-inflammatory response, than *Shigella* pts without HUS.

ANTIBODY RESPONSES TO VERO TOXIN 2 IN PATIENTS WITH ENTEROPATHIC
HEMOLYTIC UREMIC SYNDROME (HUS). K. Ludwig, M. A. Karmali*, M. Petric, V.
Sarkim, and D.E. Muller-Wiefel. Universitats-Krankenhaus Eppendorf, Kinderklinik u.
Poliklinik, Hamburg, Germany, Division of Microbiology, The Hospital for Sick
Children, The University of Toronto, Toronto, Ontario.

V200/IV

The presence of non-specific anti-VT2 neutralizing factors in serum has restricted understanding of the nature and frequency of antibodies to VT2 in patients with Verotoxin-producing *Escherichia coli* (VTEC) infection. To overcome this, we have successfully established a Western blotting method to detect IgG antibodies to VT2. Briefly, VT2 was purified from *E. coli* strain R82pJES 120DH5alpha (provided by Dr. J. E. Samuel) using sequential column chromatography (hydroxylapatite, chromatofocusing, and cibachron blue), and resolved into its A and B subunits by polyacrylamide gel electrophoresis. The protein bands were transferred by western blotting onto PVDF membranes (BIO-RAD), blocked for non-specific binding with Tris buffer containing 5% skim milk and 10% goat serum and reacted with test sera diluted 1:100. Bound immunoglobulin was detected using HRP-conjugated goat anti-human IgG (H + L) (BIO-RAD). The antigen-antibody system was developed using a chemiluminescent detection system (ICL; Amersham, UK). We investigated sera from 94 patients with HUS and from 100 healthy age-matched controls. Overall, 66/94 (70%) of patients with HUS were positive for anti-VT2 IgG in contrast to 11% of controls. We conclude i) that Western blotting is an effective method for detecting antibodies to VT2, and ii) that patients with HUS frequently develop antibodies to VT2. Further work is needed to correlate the frequency of both anti-VT1 and anti-VT2 with the toxin genotypes in the infecting VTEC strain.

V217/IV EVIDENCE OF BOUND VEROTOXIN 1 TO THE TUBULAR CELLS OF AN AUTOPSY KIDNEY FROM A VTEC O157:H7 (VT1⁺, VT2⁻)-ASSOCIATED HUS PATIENT

Hiroshi Uchida, Tae Takeda*, Junichiro Fujimoto, Nobutaka Kiyokawa and Hiroshi Horie

Department of Infectious Diseases Research, Department of Pathology and Pathophysiology, National Children's Medical Research Center, Tokyo and Department of Pathology, Chiba Children's Hospital, Chiba, Japan

Autopsy samples of a 1y9m aged girl who died 25 days after the onset of VTEC O157 infection were analyzed. Ulcerative and granulomatous degeneration in the colon, massive ballooning and fatty degeneration of hepatocytes, interstitial pneumonia and focal hemorrhage in the lung, focal necrosis and degeneration in the kidney were seen. Further, the frozen section of the kidney was examined whether verotoxins were present or not. Mouse MAb-based immunostaining demonstrated the evidence that VT1 but not VT2 retained on the tubular cells of the kidney of the patient. Specific affinity of verotoxins to distal tubules was demonstrated using a frozen section of a kidney from a non-VTEC patient.

V19/V LACK OF EFFECT OF LOOP DIURETICS ON VEROTOXIN BINDING AND INTERNALIZATION IN VERO CELLS

Richard Daneman, Jae H. Kim*, Gerald S. Arbus, Sergio Grinstein
Divisions of Cell Biology, Gastroenterology and Nephrology, Research Institute, The Hospital for Sick Children, Toronto, Ontario, Canada

Clinical evidence supported the idea that treatment of active verotoxin induced HUS with a loop diuretic may decrease the necessity for dialysis treatment. The exact mechanism as to how these drugs may affect verotoxin cytotoxicity is unknown. Previous work has demonstrated that the entry of Shiga toxin into Vero cells appears to be exquisitely sensitive to the ionic composition of the intracellular and extracellular milieu. Since loop diuretics directly impair Na-K-Cl co-transport and thus may impact cytosolic and extracellular ionic concentrations, we studied the effects of two different loop diuretics, furosemide and bumetanide, on the degree of attachment and subsequent internalization of verotoxin to Vero cells. Fluoresceinated verotoxin B subunit was used to quantitate fluorescence measurements after one-half hour binding at 4°C and after 2 hours internalization at 37°C. There was no significant change in the binding or internalization of the B subunit in Vero cells in the presence of loop diuretics. This study does not support a direct role of loop diuretics in preventing cellular intoxication by verotoxin.

VEROCYTOTOXIN-2 (VT-2) INDUCES INCREASE OF CYTOSOLIC CALCIUM IN HUMAN NON-ADHERENT MONOCYTES (MO). V27/V

A.A.M. Krispijn¹, P.H.G.M. Willem², F.W. Preijers³, P.A. van Setten¹, L.A.H. Monnens¹, L.P.W.J. van den Heuvel^{1*}. ¹Depts. of Pediatrics, ²Biochemistry and ³Hematology, University Hospital Nijmegen, The Netherlands.

In vitro the binding of VT to MO is followed by the production of cytokines. In the present study we analyzed whether calcium is involved in this pathway. Blood was collected from healthy male donors and MO were purified by apheresis followed by Percoll gradient and counterflow centrifugation. Purity of MO was at least 95%. The effect of VT-2 on intracellular Ca^{++} ($[\text{Ca}^{2+}]_i$) in MO ($2.10^6/\text{assay}$) was determined by the FURA-2AM method. MCP-1, known to increase $[\text{Ca}^{2+}]_i$ in MO, was used as positive control. VT-2 (10 nM) caused a rise in $[\text{Ca}^{2+}]_i$ in MO. The β -subunit alone did not induce any $[\text{Ca}^{2+}]_i$ response. When chelating extracellular Ca^{++} by EGTA (10 mM) it was still possible to induce an increase in $[\text{Ca}^{2+}]_i$ by VT-2. By combining EGTA and BAPTA-AM (15 μM) we did not observe any change in $[\text{Ca}^{2+}]_i$ upon VT-2 incubation. Preincubation of MO with genistein (50 μM) completely blocked the VT-2 effect on $[\text{Ca}^{2+}]_i$. In conclusion: 1.) In MO intracellular Ca^{++} stores play an important role in VT-2 induced $[\text{Ca}^{2+}]_i$ increase. 2.) The β -subunit alone did not result in a $[\text{Ca}^{2+}]_i$ response. 3.) Tyrosine kinase seems to be involved in the signal transduction pathway of VT-2 resulting in $[\text{Ca}^{2+}]_i$ release.

POSSIBLE CYTOKINE-MEDIATED AUTOCRINE AND PARACRINE REGULATION OF SLT-1 CYTOTOXICITY IN HUMAN GLOMERULAR AND TUBULAR CELLS. V56/V

Donald Kohan*^{*}, Peter Stricklett, Doug Schmid, & Alisa Hughes
VAMC & Univ. Utah Med. School, Salt Lake City, UT.

SLT may selectively increase renal cytokines which may, in turn, augment SLT-induced renal cell toxicity. To begin to examine this, we measured SLT-1 (and LPS for comparison) effects on IL-1, IL-6 and TNF production by cultured human glomerular endothelial (GEN), mesangial (MC), and proximal tubular (PT) cells. Cytokine modulation of SLT toxicity on these cells was also evaluated. In PT and GEN, but not MC, SLT increased TNF, IL1, and IL-6 production (protein and/or mRNA levels). In contrast, LPS increased cytokine production by MC and GEN, but not PT. Pre-incubation with LPS or IL-1 increased PT and GEN sensitivity to SLT, while TNF increased MC and GEN sensitivity to SLT. IL-6 did not alter SLT responsiveness in any cell type. These studies suggest that SLT and LPS together can induce release of cytokines by human glomerular and tubular cells which can, in turn, increase SLT toxicity on these cells. If this autocrine/paracrine system functions *in vivo*, it may partially explain unique renal cell damage in HUS.

V57/V VEROTOXIN-2 (VT-2) INDUCES APOPTOSIS IN HUMAN UMBILICAL VEIN- AND GLOMERULAR MICROVASCULAR ENDOTHELIAL CELLS.

A. Pijpers¹, P. van Setten¹, V. van Hinsbergh², L. Monnens¹, L. van den Heuvel^{1*}.

¹Dept. of Ped., Univ. Hosp. Nijmegen,² Gaubius Lab., Leiden, The Netherlands.

The pathogenesis of the HUS is hallmark by endothelial damage of glomeruli/arterioles of the kidney. VT toxicity in human umbilical vein (HUVEC)- and glomerular microvascular endothelial cells (GMVEC) requires additional stimuli (TNF- α) and is related to inhibition of overall protein synthesis. VT is known to induce apoptosis in Vero- and Burkitt's lymphoma cells. The apoptosis inducing effect of VT in HUVEC, GMVEC and foreskin MVEC was subject of the present study. Apoptosis was investigated by flow cytometry (using propidium iodide (PI) and annexin V-FITC (A)), nuclear staining of cell monolayers (by Hoechst, PI and A) and DNA analysis. In VT-2 (10 nM) exposed, non-stimulated HUVEC and GMVEC no significant numbers of apoptotic cells were observed by flow cytometry. However in non-stimulated MVEC VT-2 exposure (10 nM) for 4 h and 24 h resulted in 13,1% and 34,7% apoptotic cells, respectively. The percentage of apoptotic cells in TNF- α prestimulated HUVEC and GMVEC (10 nM VT-2; 4-6 hr) was 17,1% and 14,1%, respectively. Apoptosis was confirmed by nuclear staining of cell monolayers and by DNA fragmentation analyses, showing characteristic DNA "ladder" patterns. In conclusion, VT-2 induces apoptosis in human umbilical vein endothelial cells and in glomerular- and foreskin microvascular endothelial cells.

V58/V VEROTOXIN INHIBITS MITOGENESIS AND PROTEIN SYNTHESIS IN HUMAN MESANGIAL CELLS WITHOUT AFFECTING CELL-VIABILITY.

P van Setten¹, V van Hinsbergh², L van den Heuvel¹, N van de Kar¹, M Karmali³, L Monnens^{1*}. ¹ Dept of Pediatrics ,Univ. Hospital Nijmegen, ²Gaubius Lab. Leiden, The Netherlands; ³ Dept of Microbiol., Univ. of Toronto, Ontario, Canada.

Endothelial damage in the glomeruli/arterioles of the kidney induced by verotoxin (VT) is believed to play a crucial role in the pathogenesis of HUS. Little information is available regarding the effects of VT on mesangial cells (MC). We investigated the effects of VT on MC in vitro. MC were enriched by collecting hillock-shaped outgrowths derived from adult glomeruli, and subsequently purified by elimination of epithelial cells by immunoseparation with UEA-I-coated dynabeads. The obtained MC populations were >98% pure as determined by the presence of α -SM cell actin and absence of cytokeratin and CD31. MC bound VT to bands of globotriaosylceramide (Gb3) and a closely related glycolipid, which is similar to a glycolipid involved in the VT-dependent cytokine production in monocytes. VT did not induce the release of cyto/chemokines in MC. In other VT susceptible cells , binding of VT to Gb3 causes cell death by inhibition of protein synthesis. Although protein synthesis was inhibited in MC all cells remained viable. Furthermore, VT markedly inhibited mitogenesis in MC. This inhibition was also found with the B-subunit of VT alone, albeit to a lesser extent, without affecting protein synthesis. Because the inhibition of protein synthesis involves the A-subunit, this suggests that two distinct pathways contribute to the effects of VT in MC.

URINARY LEVELS OF MONOCYTE CHEMOATTRACTANT PROTEIN-1 (MCP-1) AND INTERLEUKIN-8 (IL-8) ARE ELEVATED IN HUS PATIENTS

V59/V

P van Setten¹, L van den Heuvel¹, V van Hinsbergh², F. Preijers¹, L Monnens^{1*}.

¹Dept of Ped/Haematol, Univ. Hosp. Nijmegen, ²Gaubius Lab., The Netherlands.

Inflammatory mediators (IF) appear to play a pivotal role in the pathogenesis of HUS. In vitro, verotoxin (VT) cytotoxicity in human glomerular endothelial cells requires the additional pre-exposure to IF. In vivo, predominantly urinary levels of IF are elevated. Monocytes (MO) which upon exposure to VT in vitro release a variety of IF, may be the culprits. The molecular mechanism for the recruitment of MO and neutrophils (PMN), the latter also implicated in endothelial cell damage by release of proteases, is unclear. We studied the presence of two prime candidates (MCP-1 and IL-8) in urine of 15 HUS patients by ELISA. Furthermore, kidney biopsies of HUS patients were examined for MO infiltration (CD14+) and MCP-1 expression. Chemokines were below detection limit in urine of 17 controls but were significantly elevated in serial samples of all HUS patients (n=15). In patients with mild renal disease (n=5) the mean of the highest chemokine levels measured during the course of the disease were 1700 (MCP-1) and 122 (IL-8) ng/mmol creatinine. In patients with either moderate or severe renal disease (n=10) the means were 3855 (MCP-1) and 194 (IL-8) ng/mmol creatinine. Immunohistochemical studies revealed MO infiltration as well as MCP-1 expression in glomeruli of HUS patients. These data suggest a local role for MCP-1 and IL-8 in the pathogenesis of HUS, possibly through the recruitment and activation of MO and PMN, respectively.

MECHANISMS OF NEUTROPHIL MEDIATED DAMAGE TO VEROCYTOTOXIN-1 (VT-1) EXPOSED HUMAN GLOMERULAR CAPILLARY ENDOTHELIAL (GCEC) AND UMBILICAL VEIN ENDOTHELIAL (HUVEC) CELLS.

V78/V

L.D. Mahan* and C. McAllister. Dept. of Pediatrics, The Ohio State University, Columbus OH, USA.

Since leukocytosis and neutrophilia predict for poor prognosis in HUS, a role for neutrophil (N) mediated damage to glomerular cells has been proposed. To determine whether N injure VT-1 treated EC by apoptosis or necrosis, human GCEC and HUVEC were exposed to 0.01-1nM VT-1 and incubated with N for up to 2 hr. Adherence of N to VT-1 treated EC was increased in a dose and time dependent manner. VT-1 was toxic for both EC; after N incubation, additional cell damage and increased EC detachment was seen in VT-1 treated cells. VT-1 treated EC exposed to N had no increase in the degree or frequency of apoptosis. N induced more cell injury and cell detachment in EC exposed to VT-1. The EC death appeared to be due to necrosis. Neutrophils may augment the development of glomerular capillary thrombosis and injury in HUS.

V79/V

ROLE OF CASPASES (CYSTEINE PROTEASES) IN VERO CYTOTOXIN-1 (VT-1) MEDIATED APOPTOSIS

John D. Mahan*, Cindy McAllister, Janelle Chiasera. Dept. of Pediatrics, The Ohio State University, Columbus, OH, USA

VT-1 is cytotoxic for human glomerular cells and may induce apoptotic cell death in susceptible cells. To further define the mechanisms of apoptosis with VT, the role of interleukin-1 converting enzyme (ICE) was studied. Vero cells were exposed to 1-100 pM VT-1 for 6-48 hr; cytotoxicity and apoptosis (acridine orange uptake, EM, DNA ladder) were assessed. The role of ICE was evaluated with ZVAD, an aldehyde ICE inhibitor. Cell death and apoptosis (9.6% with 100 pM/24hr) was seen with VT-1. By 48 hr more cytotoxicity but less apoptosis was detected. Vero cells contained ICE protein and ZVAD blocked 73% of apoptosis triggered by VT-1. Apoptosis initiated in Vero cells by VT-1 appears to be partially dependent on ICE. The role of other caspases remains to be determined. Identification of the mechanisms of apoptosis initiated by VT-1 may provide novel strategies to prevent cellular injury in children with HUS.

V82/V

EFFECTS OF VERO CYTOTOXIN-1 (VT1) ON PRIMARY HUMAN RENAL CELL CULTURES.

JM Williams*, DV Milford, CM Taylor.

Department of Nephrology, The Birmingham Children's Hospital and Renal Research Laboratories, University Hospital, Birmingham.

This study compares the effects of VT1 on primary human renal and vero cell cultures. Protein synthesis was measured by ³⁵S-methionine uptake, DNA fragmentation by the diphenylamine assay and viability by the MTT assay. Assays were at 24h using 100pg/ml VT1 except for MC which used 100ng/ml. VT1 inhibits protein synthesis in primary cultures of glomerular epithelial (GEC), cortical tubular epithelial (CTEC) and mesangial cells (MC), with a significantly greater effect in GEC and CTEC than in Vero cells. However, unlike Vero cells, apoptosis is not apparent. Using the MTT assay for viability decreases could be seen in GEC and CTEC, but not MC.

Cells	% protein	% DNA fragmentation		% viability
	synthesis	basal	VT1	
Vero	14.3±1.9	0.84	29.8	69.94
GEC	1.7±0.3	0	2.8	82.6
CTEC	0.9±0.4	10.8	12.3	70.2
MC	74.8±1.3	10.8	10.5	107.13

VEROTOXIN SPECIFICALLY TARGETS PRIMARY AND SECONDARY OVARIAN TUMOURS AND THEIR VASCULATURE

V93/V

Sara Arab¹, Elizabeth Russel², William B. Chapman³, Barry Rosen⁴ and Clifford A. Lingwood¹, The Research Institute, Division of Microbiology¹, The Hospital for Sick Children, Faculty of Medicine, University of Toronto², Department of Pathology, Ontario Cancer Institute, Princess Margaret Hospital³, Division of Gynecological Oncology, Toronto General Hospital⁴, Ontario, Canada.

Despite its role in the etiology of HUS, VT1 has been identified as a potential antineoplastic agent[1]. We have documented the increased expression of the verotoxin receptor, Gb₃ in 39 ovarian tumors as a function of tumour type and degree of differentiation. Gb₃ is significantly elevated in all ovarian carcinomas but markedly increased in ovarian metastases, particularly in slower tlc migrating species, corresponding to short chain fatty acid Gb₃ isoforms. Toxin overlay of frozen sections from primary and secondary tumors show the toxin specifically binds to tumour cells and cells within the luminal margin of tumour-associated microvasculature. Toxin binding is reduced for highly differentiated tumours except in the case of multiple drug resistance when extensive toxin binding is seen. VT staining of blood vessels adjacent to ovarian metastases to the colon was observed. No staining of blood vessels within the normal ovary or colon was seen. These studies demonstrate that verotoxin targets undifferentiated ovarian tumour cells and may provide the basis for a new antiangiogenic and antineoplastic approach to the therapy of ovarian cancer.

1.-Farkas-Himsley H.,et al Proc Natl Acad Sci 92:6996-6999 (1995)

VEROTOXIN AS AN ANTINEOPLASTIC AGENT: TREATMENT OF HUMAN ASTROCYTOMAS XENOGRAFTS IN NUDE MICE V98/V

Sara Arab, and Clifford A. Lingwood, Research Institute, Division of Microbiology, The Hospital for Sick Children, Ontario, Canada

Despite its role in the etiology of HUS, VT1 has been identified as a potential antineoplastic agent[1]. VT receptor (Gb₃) expression is elevated in certain human neoplasias. We have found that certain astrocytoma cell lines are particularly sensitive to verotoxin in vitro[2]. Morphological evidence of VT1-B subunit induction of apoptosis in cultured astrocytoma cells can be detected 90 min. after addition. Nude mice bearing subcutaneous human astrocytoma xenografts were treated with a single intratumour VT1 injection. 100% Tumour regression was observed without relapse >50days. Samples taken 24 hours after toxin administration indicated massive induction of apoptosis in both the tumour and its vasculature. >50% Decrease in tumour size was observed 5 days post-treatment and animals were tumour free within 10-20 days. These results support the potential of VT1 as a novel approach to cancer therapy.

1.-Farkas-Himsley H.,et al Proc Natl Acad Sci 92:6996-6999 (1995)

2-Arab,S,et al Neuropath Exp Neurol in press

V105/V A MURINE MODEL FOR HEMOLYTIC UREMIC SYNDROME

Anna Pulimood, Rachel Koshi, Anand Date, Minnie Mathan
Departments of Gastroenterology, Anatomy and Pathology,
Christian Medical College and Hospital, Vellore, India

In an attempt to produce an animal model of HUS, 16 Swiss albino mice were injected intraperitoneally with graded doses of SLT-II. The kidneys appeared normal in conventional paraffin sections. On ultrastructural study there was dose dependent glomerular endothelial damage with occasional platelet clusters and fibrin tactoids. These glomerular endothelial lesions, similar to that in human HUS have been produced in an animal model for the first time.

V114/V**8-ISOPROSTANE (8-EPI-PGF_{2α}) CONCENTRATIONS IN THE URINE
OF CHILDREN WITH POST-DIARRHEAL HEMOLYTIC UREMIC
SYNDROME (HUS)**

Richard L. Siegler*, Samuel S. Edwin and Joshua B. Cook. Dept. of Pediatrics, Div. of Nephrology, and Dept. of Obstetrics and Gynecology, Univ. of Utah School of Med., Salt Lake City, UT, USA

The non-cyclooxygenase derived prostanoid 8-EPI-PGF_{2α} results from oxidation of arachidonic acid containing lipids in plasma, membranes and the kidney, and is therefore considered a marker of lipid peroxidation. Since there is evidence of both oxidative injury and renal vasoconstriction in post-diarrheal HUS, we measured urinary 8-EPI-PGF_{2α} in 10 children during the acute phase of post-diarrheal HUS and at convalescence. Their samples were compared to those of 8 healthy control subjects and 6 who had acute renal failure (ARF) from causes other than HUS. We used a competitive enzyme immunoassay (EIA) (Cayman Chemical Co.) preceded by ether extraction. Values (mean + SEM) are expressed as pg/mg of urinary creatinine.

Acute HUS	At Recovery	Controls	Non-HUS ARF
2835 + 1011	12473 + 837	7030 + 1033	2099 + 157

8-EPI-PGF_{2α} values during the acute phase of HUS were significantly lower ($p=.03$) than those of normal control subjects, rose to supra-normal levels ($p=.007$) at convalescence, and were not significantly different from those with renal failure from other causes. These observations argue against intrarenal oxidative injury, fail to support a role for 8-EPI-PGF_{2α} in the pathogenesis of HUS ARF and suggest that acute renal damage suppresses renal 8-EPI-PGF_{2α} production.

SHIGA TOXIN ACTION ON HUMAN INTESTINAL MICROVASCULAR
ENDOTHELIAL CELLS (HIMEC)

V144/V

D. Acheson*, M.Jacewicz, L. Lincicome, D. Bielinski, D. Binion, G. West, C. Fiocchi, and G. Keusch. New England Medical Ctr, Boston, and Case Western Reserve Univ., Cleveland.

Endothelial cell (EC) damage is considered to be the primary mechanism of action of Shiga toxin (Stx) resulting in thrombotic microangiopathy in the intestine and kidney. In order to elucidate Stx-EC interaction in the intestine, we have examined the effects of Stx on primary and transformed HIMECs. Both had typical endothelial cell characteristics and responded to LPS and TNF α by increased surface VCAM-1, ICAM-1 and E-selectin expression, and IL-8 secretion. Stx 1 or 2 resulted in significant inhibition of protein synthesis in HIMECs (ID_{50} approximately 1-10 pg/ml), although preexposure of HIMECs to LPS, IL1 or TNF α did not increase their sensitivity to Stx. HIMECs contained about 3 times as much Stx receptor (Gb3) as HeLa cells (determined by HPLC) and bound more iodinated Stx1 and 2 than either HeLa or Vero cells. In conclusion, HIMECs are extremely sensitive to Shiga toxins and will provide a useful model to examine intestinal epithelial cell-Shiga toxin-endothelial cell interactions.

EFFECTS OF SHIGA-LIKE TOXIN (SLT-1) ON HUMAN MESANGIAL CELLS V146/V

Matthias Simon, Thomas G. Cleary*, Hanna E. Abboud, Div. of Nephrology, UTHSC San Antonio, Texas and Div. of Infectious Diseases, UTMS, Houston, Texas

Human mesangial cells (HMC) are potential targets of injury in HUS and progressive glomerulosclerosis is a well recognized complication of HUS. We determined the effect of SLT-1 on protein-synthesis in HMC using ^{35}S -labeled methionine/cysteine and on cell viability using the neutral red assay. Incubation of HMC for 24hrs with SLT-1 (0.24ng/ml-2.4 μ g/ml) resulted in a dose-dependent inhibition of protein-synthesis, an effect that was potentiated by preincubation with IL-1 α [2ng/ml]. The effect could be seen as early as 1hr after incubation with SLT-1. Cell viability exceeded 95% after 24hrs of incubation with SLT-1. However, similar incubations for 48hrs and 72hrs showed a 68% and 80% decrease in cell-viability, respectively. SLT-1 also resulted in a dose and time dependent stimulatory effect on MCP-1 mRNA abundance, an effect that was potentiated by preincubation of HMC with IL-1 α [2ng/ml]. These data provide evidence, that HMC are susceptible to the effects of SLT-1 in vitro. Immunoinflammatory cytokines potentiate the effect of SLT-1 on these cells. Thus the glomerular pathology in HUS may also result from direct effect of SLT-1 on mesangial cells.

V148/V

VEROTOXIN 1 ACCELERATES PMN MEDIATED HUMAN GLOMERULAR ENDOTHELIAL CELL (GEC) INJURY

Sharon Andreoli* & Dollie F. Green, Dept. of Peds., Indiana Univ. Med. Cen., Indpls., IN, Dept. of Med., Univ. of Miami, Miami, FL

Clinical studies suggest that oxidants play a role in GEC injury in HUS. To determine the role of PMNs and VT-1 in mediating injury, we exposed GEC in vitro to 250 U/ml TNF for 24 hrs followed by 24 hr with 0, 0.1, 1.0 or 10 pM VT-1. Treated GEC were then exposed to 5000/mm³ activated PMNs; ATP levels (sublethal injury) were determined by luciferin-luciferase. ATP levels (pmol/mg protein) in control GEC were 9.0±.3, 8.9±.3 in GEC+TNF, 9.1±.3, 8.5±.3, 8.5±.2 in GEC+TNF with 0.1, 1.0, or 10 pM VT1 (w/o PMNs), respectively. When identically treated GEC were exposed to PMNs, ATP levels were 7.7±.3 in control cells, 7.1±.7 in GEC+TNF, and 7.7±1.2, 4.9±.3, 2.9±.8 in GEC+TNF with 0.1, 1.0, or 10 pM VT-1, respectively. We conclude that VT-1 greatly accentuates PMNs mediated GEC ATP depletion and sublethal injury.

V151/V

VEROTOXIN (VT) I, II AND LPS ARE TOXIC AND INDUCE APOPTOSIS IN RENAL EPITHELIAL CELLS (LLC-PK₁)

L.B.Zimmerhackl, C.Garz, G.Wiegele, S.Joos, H.Karch[§], M.Brandis.

Departments of Pediatrics, University Freiburg and [§]Microbiology,
University Würzburg, Germany

To elucidate the mechanism of toxicity we studied the effect of VT I, II and LPS on function, proliferation and cell death on LLC-PK1 cells in culture. Toxicity was evident by fall in transepithelial resistance (TER), reduction in cell proliferation (BrdU-incorporation). Apoptosis was evaluated by nuclear condensation and DNA-laddering and loss of cell polarity by immunofluorescence to α -catenin (zonula adherens). TER decreased significantly already after 6h by VT I>VT II>LPS, comparable to the degree of decrease in BrdU-incorporation. After 24 h, in addition, cell contacts were lost (loss of polarity) and profound DNA-laddering was evident indicating preferentially apoptosis. These results indicate, that verotoxin is not only toxic to endothelial cells but also to epithelial cells. Thus, renal insufficiency associated with EHEC may be a consequence of tubular as well as endothelial cell injury.

DYSFUNCTION OF von WILLEBRAND-FACTOR (vWF) IN CHILDREN WITH HEMOLYTIC UREMIC SYNDROME

V152/N

L.B.Zimmerhackl*, A.Sutor, K.Ludwig[#], H.Karch^{\$} and M. Brandis.

Departments of Pediatrics, University Freiburg, [#]University Hamburg

and ^{\$}Microbiology, University Würzburg, Germany

vWF is a marker for endothelial cell injury. In children with HUS the vWF was evaluated as antigen (AG) and a new functional assay (CBS). Patients with EHEC positive history (18) were compared to EHEC negative (4), renal insufficiency (6) and patients with gastroenteritis (3). vWFAG was 2.8, CBS was 2.07), the ratio AG/CBS 0.75). In contrast, patients with gastroenteritis have a vWFAG of 1.17, CBS of 1.84 and ratio of 1.58. Children with renal failure not caused by HUS have a vWFAG of 1.45, CBS of 1.44 and ratio of 1.06. Abnormalities in the multimeric structure were not found. AG/CBS of 0.79 ± 0.16 from typical was not different from atypical HUS (0.60 ± 0.08). Thus, patients with HUS clearly are distinct from normals, from children with diarrhea and renal failure in regard to their ratio of functional to immunological vWF reflecting the degree of endothelial cell injury.

INDUCTION OF SHIGA-LIKE TOXIN SENSITIVITY IN ENDOTHELIAL CELLS INVOLVES PROTEIN KINASE C, BUT NOT NF-κB.

V173/N

Mark Tran, Chandra Louise and Tom Obrig*

Department of Microbiology and Immunology, University of Rochester,
Rochester, New York, USA

In enterohemorrhagic *E. coli*-associated disease of humans, TNF- α , IL-1 β , and bacterial LPS sensitize endothelial cells (EC) to Shiga-like toxin (Stx1). Yet, little is known how these agents induce Gb3 expression on the EC surface. Phorbol myristate acetate (PMA) is a protein kinase C (PKC) activator that also sensitizes ECs to Stx1. In the present study, it was demonstrated that inhibitors of PKC enzymes interfered with PMA- and LPS-induction of Stx1 sensitivity, but had no effect on TNF- and IL1-induction of Stx1 sensitivity. These data were obtained using site-specific inhibitors of class I, II and III PKC enzymes. We also examined the role of transcriptional activation factor NF-kappa B in the induction process of Stx1 sensitivity. While TNF treatment resulted in the activation of NF- κ B, the presence of a NF- κ B inhibitor during TNF treatment did not interfere with the induction of Stx1 sensitivity. These results indicate that PKC is utilized by LPS, but not by TNF and IL-1 during induction of Gb3 in human umbilical endothelial cells, and that NF- κ B is not required by any of these factors during the induction process.

V174/V EFFECT OF CERAMIDE METABOLISM ON SHIGA TOXIN RECEPTOR (Gb3) AND TOXIN SENSITIVITY IN HUMAN ENDOTHELIAL CELLS.

Tom Obrig*, Chandra Louise, Alan Smith, Clifford Lingwood, Beth Boyd, and Mark Tran. Departments of Microbiology at University of Rochester, Rochester, NY, and Hospital for Sick Children, Toronto, Canada.

The action of Shiga toxins (Stx1, Stx2) in vascular disease caused by *E. coli* O157:H7 is believed to occur particularly at the endothelial cell (EC) level. It is generally accepted that targeting of Stx is determined by the quantity and quality of the receptor, Gb3, on individual cell types. In the present study, three different agents that increased ceramide content in ECs all sensitized ECs to Stx1. The order of activity was sphingomyelinase>C8 ceramide>N-oleoylethanolamine. The latter compound is an inhibitor of ceramidase that combined with TNF-alpha to yield an additive increase in Gb3. Sphingomyelinase did not induce ceramide:glucosyltransferase mRNA, indicating that the regulation of Gb3 was due to substrate (i.e. ceramide) limitation. It was observed that all forms of Stx sensitivity were prevented when ECs were preincubated for 24 hours with glycosyltransferase enzyme inhibitors (PDMP, PPMP, PPPP) of the Gb3 pathway. These data suggest that in some cases, ceramide is rate-limiting for Gb3 synthesis in ECs.

V175/V TRANSCRIPTIONAL REGULATION OF GB3 PATHWAY
GLYCOSYLTRANSFERASE ENZYMES IN HUMAN ENDOTHELIAL CELLS.

Alan Smith, Mark Tran, and Tom Obrig*
Department of Microbiology, University of Rochester, Rochester, NY

The action of Shiga toxins (Stx) on endothelial cells (EC) in the development of HUS may require induction by LPS and cytokines of the enzymes responsible for Gb3 synthesis. To investigate this, a 1.34 kb cDNA encoding human ceramide:glucosyltransferase (CGT), was cloned into pBluescript-SK+. A 442 bp NsiI-SnaBI fragment from this clone containing the 5' region of the gene was used to probe total RNA prepared from human endothelial and epithelial cell lines treated with various inducers of Stx-sensitivity. Northern blot analysis showed a CGT mRNA transcript of ~4 kb in all cells. Although phorbol myristate acetate (PMA) induced Stx sensitivity in all endothelial and epithelial cells tested, a concomitant induction of CGT mRNA was observed in only some cell cultures. The inductions of Stx sensitivity by PMA were both time- and dose-dependent. These results suggest that induction of Stx sensitivity in some, but not all ECs, may be transcriptionally regulated at CGT, the first glycosyltransferase enzyme involved in Gb3 synthesis.

VEROTOXIN CAUSES CYTOTOXICITY IN HUMAN CEREBRAL ENDOTHELIAL CELLS

V190/V

James Hutchison *, Danica Stanimirovic, Anthony Shapiro and Glen Armstrong
Pediatric Intensive Care Service, Departments of Pediatrics, University of Ottawa, and Institute for Biological Sciences, National Research Council, Ottawa, Ontario and Department of Medical Microbiology and Infectious Disease, University of Alberta, Edmonton, Alberta, Canada

The role of cerebral endothelial cells in the pathophysiology of the encephalopathy of hemolytic uremic syndrome is unknown. We hypothesized that Verotoxin-1 would cause cytotoxicity in human cerebral endothelial cells (HCEC) *in vitro* and that this cytotoxicity would be enhanced by TNF α and IL-1 β . Human cerebral endothelial cells were coincubated for 24h with Verotoxin-1 at various concentrations with and without TNF α or IL-1 β . Cytotoxicity was quantified using vital dye (CFDA-AM) exclusion and propidium iodine (killed cells) staining with a cytofluor analyser. Verotoxin-1 caused increasing cytotoxicity in HCEC at concentrations from 0.1 to 100 nM and the toxicity was enhanced by TNF α (100u/ml) and IL-1 β (100u/ml). In conclusion, verotoxin-1 causes cytotoxicity in human cerebral endothelial cells and the cytotoxicity is enhanced by coincubation with TNF α and IL-1 β .

ENDOTHELIAL CELL ACTIVATION BY VEROTOXINS: NOVEL EFFECTS ON VASOMEDIATOR EXPRESSION

V201/V

Martin M. Bitzan, Yang Wang, Philip A. Marsden*

Renal Division and Department of Medicine, St. Michael's Hospital, University of Toronto, Ontario, Canada

A paucity of data is available on the endothelial genes implicated in the pathobiology of verotoxin (VT)-associated hemorrhagic colitis (HC) and hemolytic uremic syndrome (HUS). We defined the effects of VTs on the expression of potent endothelial-derived vasomediators, endothelin-1 (ET-1) and nitric oxide (NO), using bovine aortic endothelial cells. VT1 and VT2, but not receptor-binding VT1 B-subunit induced an increase in steady state preproET-1 mRNA transcript levels in a dose- (0.1 to 10 nM) and time-dependent fashion (peak at 12 - 24 h), at concentrations that had trivial effects on [3 H]leucine incorporation. In contrast, endothelin converting enzyme-1 and endothelial constitutive NO synthase (ecNOS) mRNA transcript levels remained unchanged as did levels of ecNOS protein expression and calcium-dependent NOS enzymatic activity. The mechanism underlying VT-induced increases in preproET-1 mRNA levels was investigated using nuclear transcription assays. Results indicated that VTs acts by stabilization of labile preproET-1 mRNA transcripts. VTs can directly activate endothelial cells in the absence of exogenous cytokines. Perturbed expression of endothelial-derived vasomediators may play a pathophysiologic role in the microvascular dysfunction that is the hallmark of HUS and HC.

V206/V

RECRUITMENT OF RENAL TUBULAR EPITHELIAL CELLS EXPRESSING
VEROTOXIN-1 (VT-1) RECEPTORS IN HIV-1 TRANSGENIC (HIV-Tg) MICE.

Xue-Hui Liu, Clifford A. Lingwood and Patricio E. Ray*. Children's Research Institute, Children's National Medical Center, Washington, DC, USA. & Research Institute, The Hospital for Sick Children, and Dept. Lab. Med. and Pathobiol, University of Toronto, Ontario, Canada.

Children infected with HIV-1 are at risk of developing HUS-TTP. The pathogenesis of HIV-associated HUS is obscure. Recent studies have shown that interleukin 1 β and TNF α upregulate the expression of verotoxin receptors ($G_b\gamma$) in human endothelial cells. These cytokines are present at high systemic levels in HIV-1 infected children. To determine whether the HIV-1 "cytokine milieu" modulate the expression of renal $G_b\gamma$ receptors *in vivo*, we utilized transgenic mice expressing a deletion mutant of HIV-1 (pNL4-3). These mice develop some clinical features similar to those present in HIV-1 infected children, including renal disease. Kidney sections were stained with FITC-labeled VT-1 and anti- $G_b\gamma$ antibody using immunohistochemistry techniques. Glomerular endothelial cells from control and HIV-Tg mice were unlabeled. HIV-Tg disease kidneys however, showed a significant recruitment of renal tubular epithelial cells (RTEc) expressing VT-1 receptors in renal cortex and medulla. VT-1 staining in control kidneys was limited to tubular collecting ducts. Binding of VT-1 was significantly reduced by pretreating the kidney sections overnight with α -galactosidase. Moreover, VT-1 TLC overlay studies of lipid extracts from control and HIV-Tg kidneys, confirmed the presence of elevated $G_b\gamma$ levels in HIV-Tg kidneys. Recruitment of VT-1 receptors in RTEc was associated with high levels of inflammatory cytokines. HIV-1 infected children with renal disease may have an increased number of VT-1 receptors in renal tubules and may be more sensitive to VT cytotoxic effects. Thus, when exposed to Shiga-like toxins, they may be at risk of developing an atypical HUS with severe tubular injury and rapid progression to end stage renal disease.

V207/V

INCREASED RELEASE OF BASIC FIBROBLAST GROWTH FACTOR (bFGF) IN
CHILDREN WITH CLASSIC HEMOLYTIC UREMIC SYNDROME (HUS).

Patricio E. Ray*, Angel Onorio, Jorge Sgromo, M. Silvana Maglio, Irene Marco, Xue-Hui Liu, Lian Xu, and Guillermo Gallo. Children's Research Institute, Washington, D.C., USA & Terapia Intensiva, Hospital Materno Infantil de Mar del Plata, Argentina & Divisiones de Patología, Hospitales "Ricardo Gutierrez" and "Juan P. Garrahan", Buenos Aires, Argentina.

The ability of Shiga-like toxins to injure renal microvascular endothelial cells is a primary requisite for the development of HUS. We hypothesized that growth factors released during endothelial injury may play a relevant role in the pathogenesis of classic HUS. In a preliminary screening of vascular growth factors in the urine of ten children affected with classic HUS, we found significant levels of bFGF-like activity. Further purification of the most active fractions by heparin Sepharose column chromatography revealed an 18 kDa band consistent with the presence of bFGF. By radioimmunoassay, we found elevated levels bFGF in HUS affected children (156 ± 24 pg/ml) when compared to control children (12 ± 4 pg/ml. $P < 0.005$). Immunohistochemistry studies using specific bFGF antibodies revealed an increased expression of bFGF in renal cortex, medulla and extracellular matrix surrounding renal tubules, only in HUS affected kidneys. Renal sections obtained during the acute stage of HUS demonstrated an increased number of bFGF low affinity binding sites in renal glomeruli and medulla. Since many Argentinean children develop focal segmental glomerulosclerosis after HUS, we determined the *in vitro* effects of bFGF on renal vascular contractility and mesangial cell growth. FGF (1-10 ng/ml) stimulated contraction of cultured microvascular smooth muscle cells and proliferation of mesangial cells. Thus, the renal accumulation of bFGF may play an important pathogenic role during the acute stages of HUS and may be one of the mechanisms leading to hyperfiltration and focal segmental glomerulosclerosis in Argentinean children.

DETECTION OF O157 VTEC IN ENVIRONMENTAL SAMPLES FROM A DAIRY BY IMMUNOMAGNETIC SEPARATION (IMS) V3/VI

John E Coia*, Mary F Hanson, Olga Greenan, Tom Ronald
Department of Clinical Microbiology, Western General Hospital,
Edinburgh, Scotland

Over 100 people were affected by an outbreak of *E.coli* O157 (O157 VTEC) infection associated with consumption of pasteurised milk from a dairy in the West Lothian area of Scotland; Sixty-nine had faecal isolates of VT2-producing *E.coli* O157:H7 phage-type 2. This is the largest reported milkborne outbreak of *E.coli* O157 infection world-wide, and was the first to involve a heat-treated milk supply. Numerous milk and environmental samples from the dairy were analysed by means of direct culture, and the novel technique of immunomagnetic separation (IMS). Direct culture failed to yield the organism. However O157 VTEC was isolated by IMS from a discarded bottling machine rubber, a pipe leading from the pasteurisation apparatus to the bottling machine, and a bulk milk sample from the feeder dairy farms. The environmental isolates were indistinguishable by phage-typing and PFGE analysis from each other, from the clinical isolates, and from bovine faecal isolates from one of the feeder dairy farms.

DETECTION OF O157 VTEC IN CLINICAL SAMPLES BY IMMUNOMAGNETIC SEPARATION (IMS) V4/VI

John E Coia*, Mark D Cubbon, Mary F Hanson
Department of Clinical Microbiology, Western General Hospital,
Edinburgh, Scotland

Verocytotoxigenic *E.coli* O157 (O157 VTEC) infection is routinely diagnosed by culture on sorbitol MacConkey (SMAC) agar. Although present in large numbers during the acute diarrhoeal phase, there is a rapid decline as symptoms resolve. This may prevent isolation of O157 VTEC in late-presenting disease, or where the initial presentation is a complication such as haemolytic-uraemic syndrome, which develops when the diarrhoeal phase is resolving. Immunomagnetic separation (IMS) increases culture sensitivity by ten to one-hundredfold, and is invaluable in the detection of O157 VTEC in contaminated foodstuffs. We have used IMS to isolate O157 VTEC from 21 faecal samples from 20 patients which failed to yield the organism by direct culture. We recommend this technique for the diagnosis of O157 VTEC infection in late-presenting disease, if there is a high index of clinical suspicion despite negative direct culture results, or in circumstances where it is highly desirable to obtain an isolate of the organism for any reason.

V5/VI

GENOMIC TYPING OF *E. COLI* O157:H7 BY SEMI-AUTOMATED FLUORESCENT AFLP ANALYSIS

S Zhao^{1,2}, SE Mitchell³, J Meng^{1*}, S Kresovich³, MP Doyle², R Dean³, JW Weller⁴

¹Department of Nutrition & Food Science, University of Maryland, College Park, Maryland, ²Center for Food Safety & Quality Enhancement, ³Genetic Resources Unit, USDA/ARS, University of Georgia, Griffin, Georgia, ⁴Perkin-Elmer/ABI, Foster City, California, USA

E. coli O157:H7 isolates were analyzed using a new DNA typing method, Amplified Restriction Fragment Polymorphism (AFLP). This technique involves digestion of the genomic DNA with restriction endonucleases followed by ligation of oligonucleotide adapters. Subsets from the total pool of restriction fragments are then amplified using one unlabeled and one fluorescently labeled primer consisting of the adapter sequence plus 0-2 selective nucleotides. Amplified fragments were detected and sized automatically on an automated DNA sequencer. Fifty isolates of *E. coli* O157:H7 from food, cattle and humans were analyzed by AFLP using three sets of selective primers. Compared with pulsed-field gel electrophoresis, AFLP provided greater genetic resolution and may prove to be a useful technique for relatively robust subtyping of bacterial pathogens in epidemiologic studies.

V20/VI SHIGA TOXIN PRODUCING *E. COLI* (STEC) IN HEALTHY RUMINANTS AND THEIR VIRULENCE FACTORS

Mohamed Awad-Masalmeh¹, Peter Much¹

¹Institute of Bacteriology and Animal Hygiene, University of Veterinary Medicine, Vienna, Austria.

Feces samples from 336 calves, 111 cows and 134 sheep of different farms were investigated for harbouring Shiga Toxin genes (*stx*) directly by PCR. 25 % of cows' samples, 18 % of calves' samples and 20 % of samples from sheep gave positive results. The positive feces samples were cultured on Biosynth™ medium and from these 108 strains were identified as STEC. These were serotyped and tested for other virulence factors (*eaeA*, EHEC-Hly and pCVD419-gene) by PCR. *E. coli* O157 were found 3 times in bovine samples, from which one strain of a calf carrying *stx*₂, *eaeA*, EHEC-Hly, pCVD419 and not fermenting sorbitol. The other two strains were found to carry *stx*₂ alone or *stx*₁₊₂ and EHEC-Hly as well as pCVD419. 6 strains were known as O26, only harbouring *stx*₁₊₂ or *stx*₂. From 4 strains of serotype O101, only one was found with the genes for EHEC-Hly and pCVD419. A single strain of serotype O111 was observed carrying *stx*₂, EHEC-Hly and pCVD419. The remaining 94 strains were belonging to different serotypes, 10 of them harbouring *eaeA*, and 39 strains carrying EHEC-Hly as well as pCVD419.

EVALUATION OF THE LMD ELISA FOR DETECTION OF SHIGA-LIKE
TOXIN OF *ESCHERICHIA COLI*

V38/VI

Choong H. Park * and Asan Jafir. Microbiology Laboratory, Fairfax Hospital,
Falls Church, VA, USA

We evaluated a new ELISA test (LMD, Sunnyvale, CA) which detects SLT I and II directly from stools or from MacConkey broth cultures in just 45 minutes. The assay was compared with Premier EHEC (Meridian, Cincinnati, OH) which detects SLT I and II in 2.5 hours. Samples included stools from 306 different patients collected from June-December, 1996 (6 of these were positive) and 34 SLT positive stools stored at -70C. The sensitivity of this LMD assay by direct stool test was 80% (32/40 positives detected) compared with 73% (27/40) with Premier. Specificities were 98% (295/300) for LMD and 100% (300/300) for Premier. Both LMD and Premier were 100% specific and 100% sensitive by the broth culture method. There were 7 SLT producing *E. coli* which were non-O157; both devices detected 5 of these by direct stool test. We conclude that diagnostic efforts should not be limited to detection of O157:H7, since SLT-positive, non-O157 serotypes do exist in this population and can cause hemorrhagic colitis and hemolytic uremic syndrome. The LMD ELISA is rapid and easy to use.

DETECTION OF VEROCYTOTOXIN-PRODUCING *ESCHERICHIA COLI* IN
HUNGARY

V39/VI

Mária Herpay *, Éva Czirók, István Gadó and Hedda Milch
„Johan Béla” Országos Közegészségügyi Intézet, Budapest, Magyarország

The objective of this study was to find tests suitable for proving the etiological role of verocytotoxin-producing *E. coli* (VTEC). Specimens were screened using sorbitol MacConkey (SMAC), Cefixim and tellurit (CT) SMAC and Enterohaemolysin (Ehly) agar, and tested for serotypes, phage types and VT production (Verotox-F, VTEC Screen, Premier EHEC, DNA probes, PCR). Altogether 4532 faeces were tested for the presence of *E. coli* O157 and 545 *E. coli* strains, 526 mixed cultures, 49 faeces were examined for VT. Thirty seven *E. coli* O157 were isolated. Canadian phage types 8, 14, and 31 were observed among our VT-positive O157 isolates. Eighteen non-O157:H7 VTEC were detected: O26:H11 (4), O18ab:H- (2), O39:H48 (1), O76:HNT (2), O157:H7 (2), O157:H33 (1), O157:HNT (3), O157:H- (3). Eleven strains produced VT1, two VT2 and two VT1 plus VT2. VT positivity were verified only by DNA probes in 3 strains. Free VT was detected in 12 faeces; 7 mixed cultures and 4 isolates from these specimens were VT-positive also. CT-SMAC proved to be selective both for O157 and for non-O157 VTEC. VT production by mixed culture is detectable with latex agglutination by our method. Successful VT diagnosis can be expected from different kinds of simultaneously-performed methods.

V45/VI USE OF CHROMAGAR O157 AND RAINBOW AGAR O157 TO ISOLATE SHIGA-LIKE TOXIN-PRODUCING *ESCHERICHIA COLI* O157:H7 FROM SAMPLES OF MEAT AND FAECAL SPECIMENS

Ng, C.S.O., Ryan, N., Yates, M., Bettelheim, K.A.*, *E. coli* Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Yarra Bend Road, Fairfield, Victoria, Australia.

Two new commercial media CHROMagar O157 and Rainbow agar O157, designed specifically to identify and characterize strains of *Escherichia coli* O157:H7, have been used to isolate *E. coli* O157:H7 from samples of meat and faecal specimens deliberately spiked with various concentrations of a pure culture of *E. coli* O157:H7. Sorbitol MacConkey (SMAC) Agar was used for comparison. The pure culture was also spread on these media so that effects on the recovery of the *E. coli* O157:H7 of the normal flora of the faeces or meat could be ascertained. Both media were far superior for the isolation of *E. coli* O157:H7 than the SMAC agar, particularly at low concentrations of *E. coli* O157:H7. The Rainbow agar was slightly better than the CHROMagar. On all three media significant interference with the growth of the *E. coli* O157:H7 was noted compared to the pure cultures of the *E. coli* O157:H7. Both media are useful additions to the laboratory for the isolation of *E. coli* O157:H7. It should be noted that they are not designed to characterise other serotypes of enterohaemorrhagic *E. coli*.

V51/VI VIRULENCE PROPERTIES OF *ESCHERICHIA COLI* FROM CHILDHOOD DIARRHEA IN ITALY

A. Giammanco^{1*}, L. Pangaro¹, G. Mangiaracina¹, M. Giglio¹, I. Luzzi², S. Morabito², A. Caprioli²

¹ Istituto di Igiene e Microbiologia, Università di Palermo, and ²Istituto Superiore di Sanità, Rome, Italy

E. coli strains isolated from 426 children with diarrhea and 103 asymptomatic controls during a study of childhood diarrhea in Italy were examined for phenotypic and genetic characters associated with enterovirulence. Gene probes and PCR amplification were used to detect *eaeA*, EAF, Stx1 and Stx2, LT and ST enterotoxins, and enteropathogenic plasmid (EAgg) gene sequences. Three enterotoxin and 4 Stx-producing strains, one belonging to the enterohemorrhagic serogroup O26, were found among cases. *eaeA*-positive strains were found in 25 cases (5.9%) and 3 controls (2.9%). Nineteen were positive at the HEP-2 cell Fluorescent Actin Staining test, 6 belonged to EPEC serogroups and one was EAF+. EAgg-positive strains were detected in 15 cases (3.5%) and 3 controls (2.9%). Twelve strains showed aggregative adhesion to HEp-2 cells and four belonged to EPEC serogroups (O86, O111). In conclusion, enterovirulent *E. coli* do not represent a major cause of childhood diarrhea in Italy.

**MOLECULAR CHARACTERIZATION OF SHIGA-TOXIN PRODUCING
ESCHERICHIA COLI O111 FROM DIFFERENT COUNTRIES** V54/VI

Stefano Morabito¹, Alfredo Caprioli^{1*}, Vincenzo Falbo¹, Patrizia Mariani-Kurdjian², Franz Allerberger³, Karl Bettelheim⁴, Helge Karch⁵
¹Istituto Superiore di Sanità, Rome, Italy; ²Hopital R. Debré, Paris, France; ³Institut für Hygiene, Innsbruck, Austria; ⁴Fairfield Hospital, Fairfield, Victoria, Australia; ⁵Institut für Hygiene, Wurzburg, Germany

A collection of 31 Shiga-toxin (Stx)-producing *E.coli* (STEC) of serogroup O111 from epidemiologically unrelated cases of diarrhea or HUS in Italy, Germany, and Austria, and from outbreaks occurred in France and Australia were studied to assess their possible clonal relationships. Strains were compared using Stx genotypes, adherence properties, DNA restriction fragment length polymorphisms (RFLP) identified with rRNA and phage λ probes, and repetitive element sequence based PCR. While isolates from Italy, Germany, Austria and Australia showed a remarkable degree of similarity in all the assays, strains from the French outbreak had a different toxin genotype (*stx2* vs. *stx1* or *stx1/2*) and showed aggregative adhesion instead of the typical attaching and effacing mechanism. RFLP and PCR analyses confirmed that STEC O111 have a clonal population structure, with the exception of the French strains which clearly belonged to a distinct bacterial clone.

**MEDIA AND TEST KITS FOR THE DETECTION AND ISOLATION
OF ESCHERICHIA COLI O157 FROM MINCED BEEF** V60/VI

A. Heuvelink*, A. Zwartkruis-Nahuis and E. de Boer
Departments of Medical Microbiology and Pediatrics, University Hospital Nijmegen, and Inspectorate for Health Protection, Zutphen, the Netherlands

Selective enrichment and plating media used for the isolation of Verocytotoxin (VT)-producing *E. coli* (VTEC) of serogroup O157 were evaluated by examining pure bacterial cultures. Also, a variety of commercial test kits for the detection of *E. coli* O157 strains inoculated into minced beef was compared (Ampcor *E. coli* O157:H7 Kit, 3M Petrifilm Test Kit-HEC, Dynabeads anti-*E. coli* O157, EHEC-TEK, Tecra *E. coli* O157 visual immunoassay). And finally, the commercial Verotox F test for the determination of VT type of VTEC isolates was compared with a PCR for VT genes. A sensitive and cost-effective procedure for the isolation of O157 VTEC from minced beef in food industry and epidemiological studies involving large numbers of samples is the following: enrichment in modified *E. coli* broth with novobiocin (mEC+n) at 37°C for 6-8 h (100 rpm), followed by immunomagnetic separation using Dynabeads anti-*E. coli* O157 and spread plating of the concentrated target cells onto sorbitol MacConkey agar with cefixime and tellurite (CT-SMAC). The Verotox F test can be used to determine whether the isolates produce VT1 and/or VT2.

V85/VI

APPLICATION OF AFLP FOR THE ANALYSIS OF *E.COLI* 0157 POPULATIONS

Philip Carter*, Lesley Allison & Fiona Thomson-Carter, Department of Medical Microbiology, University Aberdeen, Foresterhill, Aberdeen, Scotland, UK.

The development of AFLP as a bacterial typing method has allowed us to analyse a range of *E.coli* 0157 isolates using this technique. It involves restriction enzyme digestion with two enzymes, ligation of adaptors and selective PCR of a sub-population of fragments. The amplified fragments were visualised by fluorescent labeling of one of the PCR primers and separated using an ABI automated DNA sequencer. Accurate sizing of the fragments was achieved using internal lane markers. A collection of 26 *E.coli* 0157 were analysed using different restriction enzymes. Outbreak isolates were found to give identical patterns. Differences in banding patterns were observed for sporadic isolates although all isolates had a number of bands in common. This technique may provide a useful method for the identification and characterisation of regions of variation within the genome of *E.coli* 0157.

V89/VI

INTIMIN A,B,G,D AND E: FIVE INTIMIN DERIVATIVES EXPRESSED BY ATTACHING AND EFFACING FORMING MICROBIAL PATHOGENS

Gad Frankel,* Stuart Knutton, Jeannette Adu-Bobie, Luiz Trabulsi and Gordon Dougan

Department of Biochemistry, Imperial College of Science, Technology and Medicine, London, Institute of Child Health, The University of Birmingham UK and Departamento de Microbiologia, Instituto de Ciências Biomédicas, Universidade de São Paulo, Brazil

Enterohemorrhagic *Escherichia coli* (EHEC) are divided into two divergent clonal groups. EHEC-1 includes the O157:H7 clone while EHEC-2 composed of shiga-like toxin producing O26:H11 and O111:H8 strains. Likewise, the enteropathogenic *E. coli* (EPEC) strains also fall into two groups of related clones. Here we describe polyclonal antisera made against the cell binding domain of intimin from EPEC, serotypes O127:H6 and O114:H2. Western blot and immunological analysis revealed that while some strains were poorly recognised by either antiserum, the anti-Int-H6 reacted strongly with strains of EPEC-1, and the anti-Int-H2 reacted strongly with strains of EPEC-2 and EHEC-2. The two intimin derivatives, designated intimin α and intimin β respectively, were also differentially detected using PCR.

THE MICROBIOLOGICAL DIAGNOSIS OF *ESCHERICHIA COLI* 0157 | V103/VI
INFECTION IN MAN

Jay Kavi* and Fiona Carter-Thomson

Department of Medical Microbiology, Ninewells Hospital and Medical School, Dundee, Scotland and *E. coli* 0157 Reference Laboratory, Department of Medical Microbiology, Aberdeen Royal Hospitals NHS Trust, Aberdeen, Scotland.

We investigated the microbiological diagnosis of *E. coli* 0157 infection in a cohort of 48 elderly patients potentially exposed to a point-source. The patients were investigated by culture of faeces onto Sorbitol-MacConkey agar (SMAC) and by immuno-magnetic separation (IMS) technique as well as by immunoblot analysis of patient serum against the lipopolysaccharide (LPS) of *E. coli* 0157. *E. coli* 0157 was isolated from faeces of only 3 of 48 patients by the SMAC method compared to 5 patients by the IMS technique. 16 of the 48 patients had IgM antibodies against the LPS of *E. coli* 0157 by the immunoblot technique. Sequential samples from patients with evidence of *E. coli* 0157 infection were analysed. The significance of these results will be discussed further.

A TRIPLEX PCR METHOD FOR SIMULTANEOUS DETECTION OF SHIGA-LIKE TOXIN GENES AND *ESCHERICHIA COLI* O157:H7 SPECIFIC SEQUENCE IN GROUND BEEF | V112/VI

Ilze Matise, Loren A. Will*, Gregory J. Phillips and Michael R. Shelton
Department of Microbiology, Immunology and Preventive Medicine, Iowa State University, Ames, Iowa, USA

Our research focused on developing a PCR procedure that can detect low contamination levels of *E. coli* O157:H7 and other Shiga-like toxin producing *E. coli* (STEC) in beef. Other goals were to compare the PCR procedure to bacteriological culturing and observe whether the fat content of ground beef influences PCR test results. Three target sequences were employed in a multiplex PCR to identify Shiga-like toxin genes 1 and 2 and a portion of the *uidA* gene specific to *E. coli* O157:H7. The sensitivities of PCR and culturing were 90% and 53%, respectively, as determined by analyzing ground beef samples seeded with inoculum 0.14 - 14 CFU/g. Fat content of ground beef did not influence the PCR result statistically. The time required to complete the entire PCR procedure was 7 hours after overnight sample enrichment compared to 52 hours for *E. coli* O157:H7 detection by culturing. The developed PCR procedure could become an alternative procedure for *E. coli* O157:H7 and other STEC detection in ground beef as it was faster and more sensitive than culturing.

V118/VI**SENSITIVITY AND SPECIFICITY OF MERIDIAN IMMUNOASSAY TESTS FOR *E.COLI***

Andrew M.R. Mackenzie, Pierre Lebel, Elaine Orrbine*, Lucie Hyde, Peter C. Rowe, Frank Chan, Peter N. McLaine and the CPKDRC co-investigators. CPKDRC , LCDC, Ottawa, Ontario; Hôpital Sainte Justine, Montreal, Quebec; Canada.

Stools from diarrhoea patients, 6 mos to 15 yrs, were studied at 8 centres across Canada. Discrepant results were investigated in a reference laboratory. The gold standard was isolation of *E. Coli* O157:H7. Acute and convalescent sera were tested for O157 antibody. Stools +ve in the EHEC test and -ve for O157:H7 were examined for non-O157 EHEC. Premier 0157 *E.coli* EIA (**EO**) sensitivity in the participating laboratories was 57 / 66 (86%), specificity was 797 / 810 (98%). EHEC EIA test for Shiga-like toxin (**EC**) sensitivity was 50 / 56 (89%) specificity was 747 / 751 (99%). 9 of 13 apparently false +ve **EO** tests were -ve when repeated in the reference laboratory, probably resulting from inadequate washing of the wells, and 2 / 4 false positive **EC** tests were also **EO** +ve. Excluding these, the positive predictive values were **EO** (95%) and **EC** (98%). EHEC EIA detected 10 non O157 EHEC which would otherwise have been missed. Both these tests are highly sensitive and specific. **EO** is a useful test for accelerated diagnosis of O157 EHEC. The importance of non-O157 EHEC is becoming apparent, and **EC** is a practical way for routine laboratories to find these organisms. Both tests performed together achieve a very high sensitivity and specificity.

V126/VI**SEQUENTIAL GENOTYPIC AND PHENOTYPIC CHANGES IN THE EMERGENCE OF *ESCHERICHIA COLI* O157:H7**

P. Feng¹, K.A. Lampel¹, H. Karch² and T.S. Whittam³. ¹Center for Food Safety and Applied Nutrition, FDA, Washington, DC, USA; ²Institut für Hygiene und Mikrobiologie, Universität Würzburg, Germany; ³Department of Biology, Pennsylvania State University, University Park, PA, USA.

Escherichia coli O157:H7 is a newly emerged foodborne pathogen that produces potent Shiga-like cytotoxins (STX). It is distinct from *E. coli* by its inability to ferment sorbitol (SOR) and to express β-glucuronidase (GUD) activity. To elucidate the evolutionary emergence of O157:H7, we used an allele-specific probe to examine for genotypic variations in the *uidA* gene that encodes for GUD and used multilocus enzyme electrophoresis to establish clonality among strains. We also looked for phenotypic variations in SOR and GUD expression as well as STX production. Analysis of O157:H7 (SOR [-], GUD [-], STX [+]), non-motile O157:H⁻ (SOR [+], GUD [+], STX-II) variants implicated in HUS in Germany and enteropathogenic *E. coli* O55:H7 (SOR [+], GUD [+], STX [-]) associated with infantile diarrhea, showed that a G → T base substitution at +92 in the *uidA* was conserved in O157:H7 and its STX-producing non-motile variants, including the O157:H⁻ strains from Germany. This base change was not found in O55:H7 or other serotypes. A T → A base change in the -10 promoter region of *uidA* was present in O157:H7, O157:H⁻ and also in O55:H7, but not in other distantly related *E. coli*. The electrophoretic profile of O157:H7 and O55:H7 are similar and distinct from other *E. coli*, while that of O157:H⁻ resemble O157:H7 with only minor differences. These results support an evolutionary model that O157:H7 evolved sequentially from an O55:H7 ancestor, first by acquiring the STX-II gene, then the gene encoding for the O157 antigen. This toxicogenic intermediate then gave rise to two O157 clones; one which lost the ability to ferment SOR and to express GUD (O157:H7) and the other which lost motility and the expression of the H7 antigen (O157:H⁻).

INCIDENCE OF HUS AND ROLE OF O157 AND NON-O157 VTEC
INFECTION IN HUS IN BELGIUM

V130/VI

D. Piérard*, G. Cornu, W. Proesmans, A. Dediste, F. Jacobs, J. Van de Walle, A. Mertens J. Ramet, S. Lauwers and BVIKM/SBIMC HUS Study Group, AZ-VUB, CU St-Luc, HU Brugmann, HU Erasme, Brussels, UZ Gasthuisberg Leuven, UZ Gent, Ghent, AZ Middelheim, Antwerp, Belgium

To evaluate the incidence of HUS in Belgium and to determine the role of O157 and non-O157 VTEC, 22 centers registered all cases of HUS and when possible collected faecal samples for culture & PCR and serum for LPS antibodies (serotypes O157, O26, O91, O103 & O111). Forty-six cases of HUS (including 5 incomplete cases) were recorded in 36 children (32 post-diarrheic) and 10 adults (5 post-diarrheic). Stools or serum were available from 38 cases. Evidence of VTEC infection was found in 22 children and 1 adult: O157 in 16 cases, O157+O26, O26, O111, O121, O172, O not typable in 1 case each; in one case no isolate was recovered in spite of a positive PCR for VT2. The yearly incidence of complete HUS was at least 4.2 cases/100 000 children < 5 year and 0.4 cases/100 000 inhabitants, comparable to other data from Europe and North America. More than one fourth of the cases were due to non-O157 VTEC, showing that other serotypes also play a role in HUS in Belgium.

AUTOMATIC IDENTIFICATION OF VEROTOXIN-
PRODUCING *ESCHERICHIA COLI* STRAINS

V133/VI

F.Grimont *, I. Carle, M. Collin, B. Régnault, M. Lefèvre, PAD Grimont

National Center for Molecular Typing, Unité des Enterobactéries, INSERM U389, Institut Pasteur, Paris, France

Verotoxin-producing *E. coli* strains (ECEH) appeared in France in 1991. Isolated ECEH strains belonged to serotypes O157:H7, O116:H21, O103:H2, O111, or O26. Although phenotypic and genotypic schemes were developed for subtyping O157:H7 strains, complete serotyping (O:H) is often unavailable in most laboratories. We attempted to build a ribotyping system that would correlate with serotyping. A collection of 105 (VT1 and/or VT2) ECEH strains was studied by ribotyping with *Mlu*I enzyme and by 99 carbon source utilization tests using BioMérieux Biotype-100 strips. The obtained patterns were analysed using software package Taxotron® (Taxolab, Institut Pasteur, Paris). Serotypes O157:H7, O116:H21, O103, and O22 had characteristic patterns. Our results allowed to establish two databases for ribotyping and biotyping for automatic identification of ECEH strains.

V137/VI PHENO-GENOTYPING OF ENTEROHEMORRHAGIC *ESCHERICHIA COLI* STRAINS OF HUMAN AND FOOD ORIGIN IN ARGENTINA.

Marta Rivas*, Elizabeth Miliwebsky, Mónica Tous, Nélida Leardini, Mónica Prieto, Germán Chillemi and Cristina Ibarra.

Instituto Nacional de Microbiología "Dr Carlos G. Malbrán" and Facultad de Medicina, Universidad de Buenos Aires, Buenos Aires, Argentina.

Phenotype and genotype of 52 *E. coli* strains isolated from Hemolytic Uremic Syndrome (n=29), hemorrhagic colitis (n=16), nonbloody diarrhea (n=5), intestinal occlusion (n=1) and asymptomatic (n=1) patients were studied. Five *E. coli* isolates from food were also included. All strains were tested by colony blot hybridization with DNA probes for EHEC-adherence factor, VT1 and VT2 and attaching-effacing (*eae*) genes. VT1 and VT2 genes were also detected by PCR. Toxin activity was evidenced by neutralization test using VT1 and VT2 monoclonal antibodies on Vero cells. Serotypes detected were: O157:H7 (53), O157:H- (2), O25:H2 (1), O127:H21 (1). 73.6% of *E. coli* O157:H7 strains belonged to biotype C. Among the strains of this serotype, one isolate of food origin fermented Sorbitol and showed β-glucuronidase activity. 84.9% of *E. coli* O157:H7 strains were susceptible to all antimicrobial agents tested. 96.4% of *E. coli* O157 strains harbored EHEC, *eae* and VT (98% VT2) genes. Non-O157 *E. coli* strains were positive for EHEC and VT2 genes. The VTs results were confirmed by PCR and Vero cells assays. VT2-producing *E. coli* strains, mainly of serogroup O157, are prevalent in Argentina.

* Servicio de Fisiopatogenia, Instituto Nacional de Microbiología "Dr Carlos G. Malbrán". Av. Velez Sarsfield 563, cp 1281, Buenos Aires, Argentina

V139/VI ENHANCED DISCRIMINATION OF *ESCHERICHIA COLI* FLAGELLA USING MONOCLONAL ANTIBODIES AND DNA SEQUENCE DATA

Jimmy Kwang*, Simon Yang and Richard Wilson. Animal Health Research Unit, U.S. Meat Animal Research Center, ARS, USDA, Clay Center, Nebraska, USA and *E. coli* Reference Center, Pennsylvania State University, University Park, Pennsylvania, USA

According to published data, within the group of 54 identifiable *E. coli* flagellar antigens, the serotypes of H2 and H7, regardless of O type, are among the five most frequent H-types isolated from human EPEC, EHEC and ETEC patients. However, the conventional tube agglutination test using polyclonal antibody to classify H2 and H7 often react with the nonhomologous antigen on the standard strains. Specifically, H2 cross-reacts with H7, 12, 23, 28, 38, 44, 51 and 56. H7 cross-reacts with H12, 27, 28, 41, 44, 51 and 56. Surprisingly, the true "H" was discriminated often by conventional wisdom based upon the level of agglutination activities. Identification of the epitopes for each "H" by monoclonal antibody or detection of specific sequences for each "H" and circumvent induction of motility to identify flagella type will allow precise typing of *E. coli*. Because a limited number of flagella serotypes are associated with pathogenic O groups, accurate identification is important in diagnostics and epidemiological studies. Therefore, we have developed monoclonal antibodies specific to *E. coli* H2 and H7 flagella and, more importantly, have identified the minimal sequences which define the sero-specificity for H2 and H7.

ENTEROHEMORRHAGIC *ESCHERICHIA COLI* SHARE
A COMMON SURFACE EPITOPE

V140/VI

William Laegreid*, Ralph Westerman, Robert Elder, James Keen,
Jimmy Kwang and Richard Wilson[†]

Animal Health Research Unit, U.S. Meat Animal Research Center, ARS,
USDA, Clay Center, Nebraska, USA and [†]*E. coli* Reference Center,
Department of Veterinary Science, The Pennsylvania State University,
University Park, Pennsylvania, USA

Enterohemorrhagic *Escherichia coli* (EHEC) have been defined based on the presence of genes for Shiga-like toxins, intimin and enterohemolysin, along with association with specific disease syndromes. However, these genes may be present in non-EHEC *E. coli*, complicating interpretation of diagnostic and screening results. By screening a panel of monoclonal antibodies generated against *E. coli* O157:H7, we have identified an antibody which reacts with 88% of EHEC isolates tested including 12/12 O157:H7/NM, 5/5 O111:H8/NM and 5/5 O26:H2/H11/NM. Low level expression of the determinant detected by this antibody was detected in some enteropathogenic and enteragggregative isolates, notably O55:H7, the putative ancestor of O157:H7. The antibody provides an additional marker for EHEC which may be simply applied in a variety of immunologic assay formats. The nature and genetic basis for the epitope detected by this antibody are under investigation.

RAPID IDENTIFICATION OF *ESCHERICHIA COLI* O157:H7 IN BROTH
USING A PANEL OF THREE MONOCLOINAL ANTIBODIES

V141/VI

James Keen*, Yongsheng He, William Laegreid and Richard Wilson
Animal Health Research Unit, U.S. Meat Animal Research Center, ARS,
USDA, Clay Center, Nebraska, USA and *E. coli* Reference Center,
Pennsylvania State University, University Park, Pennsylvania, USA

Monoclonal antibodies (MAbs) generated against lipopolysaccharide (LPS) O-chain and core and against flagella of *E. coli* O157:H7 were used to accurately serotype bacterial monocultures. Isolates were grown in trypticase soy broth (TSB), heat killed, and directly coated onto replicate wells of microtiter plates. Enzyme-linked immunosorbent assay (ELISA) reactivity following incubation with the anti-O157, anti-LPS core, and anti-H7 MAbs in separate wells permitted independent determination of the presence or absence of the O157, a possible enterohemorrhagic *E. coli* marker, and the H7 antigens on an isolate. A positive reaction in all 3 wells confirmed the isolate as *E. coli* O157:H7. The 3 MAb ELISAs had 100% specificity, detected an inoculum of 1 bacterium after 9 h growth at 37°C in TSB, and identified *E. coli* O157:H7 in a 100-fold excess of non-target bacteria and in artificially contaminated meat. Use of the anti-H7 MAb in an anti-motility assay allowed further verification of H7 expression by *E. coli* isolates.

V142/VI

DEVELOPMENT OF A COMPETITIVE ENZYME-LINKED
IMMUNOSORBENT ASSAY (cELISA) FOR DETECTION OF SERUM
ANTIBODIES TO O157 ANTIGEN OF *ESCHERICHIA COLI*

William Laegreid*, James Keen, and Jimmy Kwang

Animal Health Research Unit, U.S. Meat Animal Research Center, ARS,
USDA, Clay Center, Nebraska, USA

The O157 antigen of *Escherichia coli* shares structural elements with lipopolysaccharide (LPS) antigens of other bacterial species, notably *Brucella abortus* and *Yersinia enterocolitica* O9. These similarities confound interpretation of assays for anti-O157 antibodies. To address this problem a monoclonal antibody specific for O157, designated MARC 13B3, was derived which did not cross-react with *Brucella* or *Yersinia* spp. A cELISA was designed using highly purified *E. coli* O157:H7 LPS as antigen and MARC 13B3 as the competing antibody. The cELISA had greater sensitivity and specificity than the indirect ELISA (iELISA) detecting anti-O157 antibodies in sera from cattle experimentally inoculated with O157:H7. Sera from naive heifers had no detectable anti-O157 titers by cELISA before or after *Brucella abortus* Strain 19 vaccination while 30% of pre-vaccination and 75% of post-vaccination sera were positive by iELISA. The cELISA is a sensitive and specific method for the detection of serum antibodies caused by exposure to *E. coli* O157.

V153/VI

FAILURE OF IMMUNE RESPONSE TO SHIGA TOXIN-PRODUCING
ESCHERICHIA COLI O157 LIPOPOLYSACCHARIDE ANTIGEN
IN HEALTHY CARRIERS

Ken-ichi Yoshino*, Eriko Matsuda and Tae Takeda

Department of Infectious Diseases Research,

National Children's Medical Research Center, Tokyo, JAPAN

Several studies have confirmed that patients with STEC O157 infection frequently develop IgG, IgM, and IgA classes of antibodies against O157 lipopolysaccharide (LPS) antigen. In 1996, an outbreak of STEC O157 infection arose in an asylum in Japan, involving four healthy carriers. We monitored humoral immune response (IgM) against STEC O157 LPS antigen in patients and healthy carriers in the asylum by using enzyme-linked immunosorbent assay (ELISA). IgM antibodies against STEC O157 LPS were detected in sera of patients. However, 8 days after isolation of STEC O157 from stool samples of healthy carriers, the ELISA values of their sera were negative for IgM antibodies against STEC O157 LPS. We could not detect IgM antibodies against STEC O157 LPS in the sera of these healthy carriers till 23 days after the isolation. It should be noted that care should be taken while diagnosis for STEC O157 infection by immunological test alone.

**MOLECULAR CHARACTERIZATION OF THE LARGE PLASMID
PO157 AND ITS DISTRIBUTION AMONG ENTEROHEMORRHAGIC
ESCHERICHIA COLI STRAINS**

V165/VI

Herbert Schmidt*, Werner Brunder and Helge Karch

Institut für Hygiene und Mikrobiologie der Universität Würzburg, Würzburg,
Germany

We have characterized plasmid pO157 of enterohemorrhagic *E. coli* (EHEC) O157:H7 strain EDL 933 on a molecular level. Following the construction of a physical map, four determinants have been characterized and mapped on this plasmid. A RTX operon could be demonstrated to encode the pore-forming EHEC-hemolysin. Closely to that operon, the *etp* gene cluster presumably encoding a type II secretion system could be identified. In addition, the bifunctional catalase-peroxidase KatP and a novel serine-protease, designated EspP, were shown to be encoded by pO157. These determinants were characteristic for EHEC and did not occur in enteropathogenic, enteroinvasive, enterotoxinogenic or enteroaggregative *E. coli* strains. Hybridization and PCR analyses with probes and primers derived from sequences specific for these genes have shown that plasmids of EHEC strains differ with respect to their gene composition. Detection of plasmid specific genes may be useful for molecular typing of EHEC strains.

**MOLECULAR TYPING OF VEROTOXIGENIC *Escherichia coli* USING
AMPLIFIED FRAGMENT LENGTH POLYMORPHISM (AFLP) ANALYSIS**

V169/VI

S. Chen,^{1*} A. Yee,¹ J. Weller,² K. McFadden,³ S. Read,³ R. Johnson,³ C. Gyles,⁴ and S. De Grandis¹ ¹Ontario Ministry of Agriculture, Food and Rural Affairs, Canada,¹ PEZoogen, U.S.A.,² Health Canada³ and University of Guelph, Canada⁴

Amplified fragment length polymorphism (AFLP) was investigated using ABI 377 DNA Sequencer and GeneScan Software for the molecular typing of verotoxigenic *E. coli* (VTEC) strains. The VTEC strains used in this study included serotypes O157:H7 (34 strains), O103:H2 (24), O132:NM (11), O80:NM (3) and O7:H4 (4), which were previously classified by Pulsed-Field Gel Electrophoresis (PFGE) using *Xba*I digestion. Of the 34 O157:H7 strains, 27 were from one Ontario farm (human, water and animal isolates), and showed one basic AFLP banding pattern distinct from those of 7 other strains. Grouping of the O157:H7 isolates by AFLP was the same as determined by PFGE. Among 42 non-O157:H7 VTEC strains (human and animal origin), AFLP patterns differed between serotypes, and within serotypes isolates from the same location had the same unique patterns. Two unrelated strains of O103:H2 and 8 strains of O132:NM were distinguishable by AFLP but not by PFGE. This study demonstrated that AFLP was a useful method for typing of VTEC and was at least as useful as PFGE in discriminating individual isolates.

V170/VI AN AUTOMATED FLUORESCENT PCR METHOD FOR THE DETECTION OF VEROTOXIGENIC *Escherichia coli* ISOLATED FROM ANIMAL, FOOD AND HUMAN SOURCES AND IN SPIKED GROUND BEEF

Shu Chen,^{*1} Renlin Xu,¹ Arlene Yee,¹ Kai Y. Wu,² Chang-Ning Wang,² Susan Read³ and Stephanie A. De Grandis¹ ¹Ontario Ministry of Agriculture, Food and Rural Affairs, Canada, ²Biotronics Technologies Corp., U.S.A. and ³Health Canada

An automated fluorescence-based PCR system, AG-9600 AmpliSensor Analyzer, was investigated for the detection of verotoxigenic *Escherichia coli* (VTEC). The AmpliSensor PCR assay involves amplification-mediated disruption of a fluorogenic DNA signal duplex (AmpliSensor) that is homologous to conserved target sequences within a 323-bp amplified fragment of the VT1, VT2 and VTE genes. Using the AmpliSensor assay, 114 strains of VTEC, comprising 49 different serotypes, were detected while 16 strains of non-VT producing *E. coli* and 69 strains of other enteric and food-borne bacteria were not detected. The detection limit of the assay was 1-5 colony forming units (cfu) per PCR reaction using 5 reference VTEC strains. When VTEC cells were added to overnight pre-enriched ground beef samples, the detection limit was 10^3 cfu/mL. The assay was up to two orders of magnitude more sensitive than detection by ethidium bromide-stained agarose gel electrophoresis. The system offers an automated PCR-based detection method for all serotypes of VTEC in food or clinical samples.

V183/VI DEVELOPMENT OF MONOCLONAL ANTIBODY-BASED SANDWICH E.L.I.S.A'S FOR THE RAPID DETECTION OF VEROTOXIN PRODUCING *ESCHERICHIA COLI*

Paul Kerr^{*}, Hywel Ball, David Finlay and Dermot Mackie.
The Queens University of Belfast, Veterinary Sciences Division, Department of Bacteriology, Belfast, N. Ireland

The cell attachment of VTEC strains is thought to involve the 60mDa plasmid coded fimbriae and chromosomal attachment and effacing (eae) coded 94-97kDa outer membrane protein (omp) intimin. Monoclonal antibodies were raised to O26 intimin and used to develop a sandwich ELISA. The assay was used in a survey of enteric animal diseases submitted to a Diagnostic Laboratory for examination.

Detection of Shiga Toxin(Stx)-Producing *Escherichia coli*(STEC) Influenced by Various Culture Conditions

V196/VI

Heinz Richter,^{*} Karl-Walter Perlberg, Helma Klie, Maritta Timm, Dieter Protz, Helge Karch¹⁾, Fachgebiet Bakteriologie, Bundesinstitut für gesundheitlichen Verbraucherschutz und Veterinärmedizin, Berlin, Institut für Medizinische Mikrobiologie, Universität Würzburg¹⁾, Germany

Currently over 50 serotypes of STEC other than *E. coli* O157:H7 have been associated with a variety of diseases in humans, including hemorrhagic colitis and hemolytic uremic syndrome. The expression of Stx is the single factor common to all STEC. Therefore it is necessary to detect Stx in a sensitive and specific manner. There are indications that some STEC-isolates cannot be detected by ELISA. Using an ELISA based on hydatid fluid as Stx receptor and monoclonal antibodies (13C4, 11E10) as Stx detector, a number of STEC isolates from humans and cattle was tested for Stx production under various conditions. When cultured in MTSB without shaking some STEC isolates did not produce detectable amounts of Stx. After shaking for 18 h, all isolates had produced Stx detectable by ELISA. In most cases, the production of Stx was further increased by addition of mitomycin C(MMC) especially in cultures from low Stx producers. The results demonstrate that it is possible to detect low Stx producers too after overnight shaker culturing in a broth with MMC.

SERODIAGNOSIS OF *ESCHERICHIA COLI* O157 INFECTION AND ITS USE IN EPIDEMIOLOGICAL STUDIES.

V198/VI

Tom Cheasty, * Henrik Chart and Bernard Rowe.
Laboratory of Enteric Pathogens, CPHL, Colindale, London, England.

As part of the investigation by the Laboratory of Enteric Pathogens to determine the incidence of human infection with Vero cytotoxin-producing *Escherichia coli* belonging to serogroup O157, an ELISA based serodiagnostic test was developed. This test specific for antibodies (primarily of the IgM class) specific to *E. coli* O157 was offered for the testing of sera from patients with bloody diarrhoea or haemolytic uraemic syndrome particularly when no bacterial pathogen had been isolated. During the period January 1992 to December 1996, the LEP received 980 sera predominantly from sporadic cases or from small family outbreaks. Of these sera 456 were from patients with HUS and 43% of these cases were confirmed by serodiagnosis alone. There were two outbreaks during this period; outbreak 1 in 1994 and outbreak 2 in 1995 which were identified by the use of serodiagnosis for antibodies to *E. coli* O157 LPS. The use of an ELISA based serological test for the detection of antibody to *E. coli* O157 LPS provides a valuable procedure for the detection of evidence of infection with *E. coli* O157 and an important addition to bacteriological detection procedures.

V211/VI

IMPROVED DETECTION AND ISOLATION OF VEROTOXIGENIC *ESCHERICHIA COLI* IN MIXED CULTURES

Roger Johnson, * Leslie MacDonald and Steacy Gray. Health Canada, Health of Animals Laboratory, Guelph, Ontario, Canada.

Isolation of verotoxin (VT)-producing *Escherichia coli* (VTEC) of any serotype directly from samples or from mixed cultures is laborious, time consuming and often unreliable. A simple and effective method for isolating VTEC was developed by combining growth of liquid samples or toxin-positive mixed cultures on hydrophobic grid membrane filters (HGMF) with immunocapture of VTs on a membrane placed between the HGMF and the agar medium. Removal and immunostaining of the membrane reveals microdots of captured toxins secreted by corresponding VTEC micro-colonies on the overlying HGMF. The VT-positive colonies can be picked directly from the HGMF for further characterization. In conjunction with a sensitive immunoassay for VTs, the membrane technique enables reliable and efficient isolation of any serotype of VTEC from food and fecal samples in 24 to 48 h. Also, the membrane procedure can be modified for quantitation and for concurrent immunodetection of other relevant antigens, such as O157 lipopolysaccharide.

V218/VI

RAPID DISAPPEARANCE OF FECAL VEROTOXINS IN PATIENTS WITH VTEC O157:H7 INFECTION WHO WERE GIVEN ANTIBIOTICS AT EARLY STAGE OF THE DISEASE

Eriko Matsuda, Tae Takeda*, Ken-ichi Yoshino, Masashi Shiomi and Kyoko Yamagata

Department of Infectious Diseases Research, National Children's Medical Research Center, Tokyo and Department of Pediatrics, Osaka Municipal General Hospital, Osaka, Japan

Fecal verotoxin levels of 22 cases of VTEC O157:H7 (VT1⁺, VT2⁺) infection were measured by using Novapath-EHEC (Premier EHEC) kit. Stool samples were applied to the ELISA-based kit which can detect VTs at 5-100 pg/ml range. 20 cases were given antibiotics in early stage whose fecal toxin disappeared in three days. Toxin levels at early stage of the disease were around 100-200 pg/ml , but after 4 to 5 days, VT was not detectable. One patient who did not take any antibiotic was found that on day 7th, the toxin level was still at 50-100 pg/ml range. The specific treatment against toxins, such as an absorbent or anti-verotoxin antibodies should be given within 3 days of the onset.

DETECTION OF EHEC IN MEATS BY DNA PROBES AND ELISA V224/VI

Alexandre M., Prado V.*, Arellano C., Ulloa M.T.

Departamento de Microbiología, Facultad de Medicina, Universidad de Chile, Santiago.

EHEC infections cause outbreaks of bloody diarrhea and HUS. Bovine meats are considered the principal vehicles of transmission. 35% of cows and 69% of pigs slaughtered in Santiago are colonized by EHEC (Borie C., Prado V., et alt., ICAAC 1996). Rapid diagnostics tools for EHEC are needed to prevent transmission. We evaluated biotinylated DNA probes (SLT_I, SLT_{II}, eae and plasmid associated fimbria genes) and an ELISA test (EHEC Premier, Meridian OH) in 67 randomly selected supermarket meat samples. EHEC was detected in 7 (11.1%) by both techniques; in 11 (16.6%) by DNA probes alone, and in 17 (25%) by ELISA alone. 32 samples (47.2%) gave negative results by both techniques. Concordance between DNA probes and ELISA was 58.3%. Most frequent serogroups found were: O157, O128 and O158.

These results indicated that both techniques might be adequate as screening tests. EHEC ELISA Premier is easier and faster to do, however positive results should need confirmation by the more specific molecular techniques.

COMPARISON OF GB3 ELISA ASSAY AND PCR FOR DETECTION OF EHEC IN BOVINE AND MEAT SAMPLES. V226/VI

Contrini MM, De Rosa MF, Parma A, Sanz M, Cleary TG, López EL. Hospital de Niños, Buenos Aires, Argentina. Univ. Nac. Tandil, Argentina. Dept.of Pediatr., Univ. of Texas, USA.

Verocytotoxin-producing *E.coli* (VTEC) is a known important cause of hemorrhagic colitis and HUS in children in Argentina. VTEC infections have been recognized as a major public health concern worldwide, clearly linked to eat contaminated meat; because of this, a rapid and reliable laboratory method are needed to facilitate the diagnosis. Since no data are available about Gb3 ELISA as a screening test to detect EHEC, the objective of this study was to compare Gb3 ELISA method versus PCR for detection of VTEC strains from meat and bovine samples in Argentina. Four hundred and twenty-three *E.coli* strains were isolated from raw ground beef and hamburgers from different manufacturers and butcher's shops ; and 140 *E.coli* strains were collected from beef cattle (healthy or with diarrhea) at slaughterhouses or farms and dairy calves in farms. Results : 179/563 (31.8%) strains were positive for both methods ; 40/563 (7.1%) of Gb3 ELISA and 58/563 (10.3%) were positive for PCR only. Contingency table analysis of the association between Gb3 ELISA and PCR methods showed a strong correlation (chi square 147.99, $P < 0.0001$). Conclusions : Gb3 ELISA assay have showed to be a reliable method and cheaper for screening to detect EHEC in our setting.

V229/VI The development of a PCR specific for *Escherichia coli* O157.

Leanne Mills¹, Philip Tarr², James C. Vary, Jr², Sima S. Bilge²,
Narelle Fegan¹ & Patricia Desmarchelier^{1*}

*¹CSIRO Brisbane, Australia and ² Children's Hospital and Medical Centre, Seattle, USA.

A specific polymerase chain reaction (PCR) for detection of *E. coli* O157 is described. A single pair of oligonucleotide primers were designed to amplify a 479 bp fragment of an *rfb* gene. The primers amplified products of the appropriate size from 39 O157 strains (clinical and animal) but not from non-O157 STEC, closely related *E. coli* O55:H7 and other genera tested. The method was more reliable and easier to read than two O157 agglutination kits. Raw milk was inoculated with a clinical and cattle O157 isolate and enriched for 24h in mTSB at 37°C. Amplification products were detected when <1 CFU per mL were inoculated into the raw milk. The PCR assay was used to screen 147 raw milk samples from dairy farms in Eastern Australia and no positive samples were detected by PCR or culture. The procedure offers a rapid and sensitive method for screening and typing *E. coli* O157.

V232/VI TOWARD CHARACTERIZING THE H.U.S. PHENOTYPE.

Kelly McAdoo¹, Charles Dendy², Wendy M. Johnson², Dayou Wang¹, James Keller¹, and C.A. Carson^{1*}. University of Missouri, Columbia, MO. U.S.A.¹. Health Canada, Laboratory Center for Disease Control, Ontario, Canada².

Enterohemorrhagic *E. coli* (EHEC) strains, most notably *E. coli* O157:H7, are the primary cause of hemorrhagic colitis and hemolytic uremic syndrome (HUS). Pathogenesis is incompletely understood and predicting the onset of this post-diarrheal syndrome is difficult. Both basic research and clinical case management would benefit from determination of specific EHEC features associated with HUS potential. Preliminary *in vitro* studies suggest a correlation between restriction pattern and HUS phenotype in isolates of *E. coli* O157:H7. An interdisciplinary collaborative effort is in progress to: 1) perform RFLP analysis on O157:H7 isolates complete with demographic data; and 2) examine various serotypes of enterohemorrhagic *E. coli*. Our experimental methods are designed to test our hypothesis that there are enterohemorrhagic *E. coli* strains, definable by genotype, which are particularly prone to cause HUS. Expected data should contribute to improved understanding of the pathogenesis of HUS through the combination of biochemical and molecular means of analysis.

A NATIONAL NETWORK FOR MOLECULAR SUBTYPING
OF *ESCHERICHIA COLI* O157:H7

V237/VI

Timothy J. Barrett*, Susan B. Hunter, and Bala Swaminathan.
Foodborne and Diarrheal Diseases Branch, Centers for Disease
Control and Prevention, Atlanta, Georgia, USA

We have begun efforts to establish a national network for subtyping *E. coli* O157:H7 isolates using pulsed-field gel electrophoresis (PFGE). Eight laboratories participated in a study to determine the reproducibility of PFGE in different laboratories using a standarized protocol. Results were highly reproducible when bands smaller than 40kb were excluded from consideration, and strain discrimination was only slightly reduced. A national electronic database of PFGE subtypes is under construction. Four state health department laboratories have direct computer access to the database, which also contains epidemiologic information about each strain. The ability to perform real-time comparisons with patterns in a national database should facilitate recognition of diffuse outbreaks. Additional laboratories will be added in the next year, and the database will be expanded to include other foodborne pathogens.

THE MASSIVE OUTBREAK OF ENTEROHEMORRHAGIC E.COLI O-157
INFECTIONS BY FOODS POISONING AMONG THE ELEMENTARY
SCHOOL CHILDREN IN SAKAI, JAPAN IN 1996

V6/VII

Hisao Fukushima, Takao Hashizume and Teruo Kitani
Sakai Municipal Hospital, Sakai, Osaka, JAPAN

In the middle of July in 1996, massive outbreak of hemorrhagic colitis(HC) occurred among the elementary school children in Sakai city. This is the most wide spread outbreak of O-157 infection ever experienced to our knowledge. Most patients developed typical symptoms of HC with severe abdominal pain and bloody diarrhea. Enterohemorrhagic *E.coli* O-157:H7 producing both VT1 and VT2 was detected in stool samples from a half of the victims. Almost definitely, lunch foods supplied for 32551 children in 62 elementary schools in Sakai were contaminated by *E.coli* O-157. 6309 children suffered from HC. Among them, 102 children developed hemolytic uremic syndrome(HUS) after HC and three girls have died.

V8/VII

IN VITRO ADHESION OF A VEROCYTOTOXIN PRODUCING
ESCHERICHIA COLI IS REDUCED BY COINCUBATION WITH A
LACTOBACILLUS SPECIES

Sonia Michail, Shu Wei and David Mack

Combined Section of Pediatric Gastroenterology and Nutrition, Department of Pediatrics, University of Nebraska, Omaha, NE, USA

Biotherapeutic agents may offer an alternative to antimicrobials and have the property of an immediate onset of action. As epithelial cell adhesion is important in the pathogenesis of disease caused by enterohemorrhagic *E coli* (EHEC), we examined whether adhesion of EHEC strain CL-8 (serotype O157:H7), known to exhibit attaching and effacing adhesion both in vivo and in vitro, was altered in the presence of *Lactobacillus plantarum* strain 299v. Both strains were grown overnight at 37°C, then collected and reconstituted in PBS (pH7.4) prior to addition to cell growth media of HT29 cells. Binding of 1×10^5 CL-8 per well with increasing amounts of *L plantarum* was quantified by CFU determinations. Coincubation of *L plantarum* with CL-8 showed quantitative inhibition with 1×10^9 *L plantarum* reducing binding by 98% compared to control (1.6×10^4 CFU $\pm 0.9 \times 10^4$ CFU vs 2.93×10^2 CFU $\pm 0.3 \times 10^2$ CFU, $p < 0.001$). We conclude that a non-infectious constituent of the intestinal microbiota is capable of reducing EHEC epithelial cell adhesion in vitro.

V34/VII

TREATMENT OF HUS AND ITS COMPLICATIONS

Kevin Meyers^{1*}, Orley Manor², and Bernard Kaplan¹
Divisions of Nephrology and Biostatistics, Department of
Pediatrics, The Children's Hospital of Philadelphia (CHOP),
University of Pennsylvania, Philadelphia, Pennsylvania, 19104.

We present data on the outcome of 65 patients with D+ HUS referred to CHOP from 1987 to 1996. We evaluate critically each statement we make in regard to management. Improvements in treatment include judicious use of blood transfusions, careful control of blood pressure, appropriate use of dialysis and intravenous alimentation, avoidance of unproved measures, and avoidance of anti-coagulants, plasmapheresis and platelet infusions. We restrict the use of invasive vascular monitoring. To minimize risks renal biopsies are not done and dialysis is discontinued as soon as possible. We eschew the view that anuric renal failure can be prevented by giving fluid challenges and furosemide infusions. With the advent of CVVHD, however, we give fluids to hypovolemic patients with hypotension without fear of fluid overload. An important factor in outcome is early colectomy for intestinal gangrene. A single patient has died within 12 hours of admission.

HUMANIZATION OF MONOCLONAL ANTIBODIES
AGAINST *ESCHERICHIA COLI* TOXINS STX1 AND STX2

V110/VII

Ana Edwards, Kathy Arbuthnott, Jeffrey R. Stinson*, Hing C. Wong,
Clare Schmitt, and Alison O'Brien
Sunol Molecular Corporation, Miami, Florida and the Department of
Microbiology, USUHS, Bethesda, Maryland

The murine monoclonal antibodies 13C4 and 11E10 are specific for the Shiga toxins types 1 and 2, respectively, that are expressed by Enterohemorrhagic *E. coli*. These antibodies are capable of neutralizing the toxins both in tissue culture and animal models. For the purpose of developing therapeutic agents to treat or prevent hemolytic uremic syndrome, we have humanized these monoclonals. Total RNA from the hybridoma cell lines and mouse antibody variable region primer sets were used for RT-PCR to amplify the variable regions. The V regions were then cloned into a mammalian expression vector for the production of mouse variable region:human IgG1/kappa chimeric antibodies. NS0 cells were transfected with the vector and the humanized antibodies produced recognize the toxins in an enzyme immunoassay. The protective capacity of these antibodies in an animal model system is being tested and the results will be discussed.

THE RESISTIVE INDEX IN D+ AND D- HUS: IS THERE A
CLINICAL CORRELATION?

V111/VII

Seth L. Schulman*, Peter Feola, Kevin E. C. Meyers, Richard D. Bellah and Bernard S. Kaplan. Divisions of Pediatric Nephrology and Radiology, The Children's Hospital of Philadelphia and University of Pennsylvania School of Medicine, Philadelphia, PA, USA

Several reports have documented the utility of the resistive index (RI) obtained with Doppler sonography in the acute phase of HUS as clinically significant and a potential guide to therapy. We analyzed our experience with RI in children with both D+ and D- HUS with a view toward predicting the need for therapy and prognosis. Sixteen children with HUS had renal Doppler ultrasonography early in the course of their illness. Eleven children, mean age 7.0 y had D+ HUS, the remaining 5, mean age 0.9 y had D- HUS [Denys-Drash (2), meningococcemia, *S. pneumoniae* and idiopathic]. RIs were determined blindly without knowledge of the type of HUS and read as normal or elevated for age. Abnormal RIs were observed in 6/11 children with D+ HUS. Anuria was present in only 3/6 cases, all have normal renal function on follow-up. Of the 5 with normal RIs, 3 had anuria, 1 has decreased renal function. All 5 patients with D- HUS had normal RIs; 4 required dialysis, 2 have normal renal function. We conclude that the RI offers no value in determining the need for dialysis and should not be performed routinely. Patients with D- HUS who would be expected to have increased renovascular resistance by the nature of their pathology did not demonstrate this abnormality on Doppler sonography.

V149/VII

THERAPEUTIC VALUE OF STX-SPECIFIC ANTIBODIES OR SYNSORB IN STREPTOMYCIN (STR)-TREATED MICE ORALLY INFECTED WITH SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (STEC)

James E. Rogers*, Glen Armstrong and Alison D. O'Brien. Department of Biology, Morgan State University, Baltimore, USA, Department of Microbiology and Immunology, Uniformed Services University of the Health Sciences, Bethesda, USA, and Department of Medical Microbiology and Immunology, University of Alberta, Alberta, Canada

The purpose of this study was to assess the protective efficacy of anti-Stx2 antibodies or the chemiabsorbant Synsorb against death of str-treated mice fed virulent Stx2- or Stx2-variant producing STEC. Monoclonal antibody (Mab against Stx2 A subunit) 11E10 administered intraperitoneally 1 day before and at infection completely protected 5/5 CD-1 mice challenged with Stx2-variant producing strain B2F1 and also provided significant protection to DBA/2J mice against challenge with Stx2-producing strain 86-24 (2/3 survivors). Pretreatment with Mab 13C4 (against Stx1 B subunit) was not protective against either challenge strain. Str-treated CD-1 mice that were fed Synsorb before or directly after challenge with B2F1 did not display increased rates of survival compared to animals fed Chromosorb but did show an average increase in mean time to death (MTD) of 1 day. Although passive immunization with type specific antibodies was more efficacious in this model than Synsorb, we are testing the possibility that antibodies can be administered later in the infection if mice are also given Synsorb.

V157/VII

HUMAN MILK LIPIDS BIND SLT-I

Henry F. Gomez*, Vicente Diaz-Gonzalez, Irene Herrera-Insua, Prasoon Chaturvedi, David S. Newburg, Thomas G. Cleary. Division of Pediatric Infectious Disease. University of Texas-Houston, Medical School, TX, USA. E.K Shriver Center, Waltham, MA, USA.

HUS is rare before 6 months of age. Immunologic and non-immunologic factors present in breast milk may partially explain this observation. In prior studies we have demonstrated that human milk contains Gb₃, the receptor for the B subunit of Shigatoxin (ST) and Shiga-like toxins (SLTs). We therefore sought to determine if the lipid component of breast milk binds purified SLT-I. Breast milk samples obtained from healthy donors were centrifuged at 14,000 xg for 30 minutes, the soluble fraction discarded, and the lipid layer collected. An emulsion of equal volumes of the lipid layer of each sample and purified SLT-I [3.7 x 10⁻⁸ M] was incubated at 37 °C in a rotatory shaker. The lipid layer with bound toxin was separated by centrifugation. The amount of free SLT-I present in the aqueous fraction was determined by Gb₃ ELISA. The lipid layer bound an average of 95.7% of SLT-I (range 92.8%-99.9% for milk lipid extracts from various women). These results are consistent with the hypothesis that toxin binding lipids present in human milk are biologically active and may contribute to the putative protective effect.

SURVEY OF IN VITRO SUSCEPTIBILITIES TO ANTIMICROBIAL
AGENTS OF ENTEROHEMORRHAGIC ESCHERICHIA COLI ISOLATED
FROM JAPAN IN 1996

V172/VII

Tatsuo Yamamoto, Noriko Wakisaka and Yoshifumi Takeda. Research Institute, International Medical Center of Japan, Tokyo, Japan

Enterohemorrhagic Escherichia coli (EHEC) colonizes human intestines and causes watery diarrhea and hemorrhagic colitis, followed by development of hemolytic uremic syndrome due to Vero toxins. It is presumed that the initial infections can be treated by chemotherapy with antimicrobial agents. In Japan, large explosive endemics due to serotype O157:H7 strains occurred in 1996. In this study, we investigated in vitro susceptibilities to 42 antimicrobial agents of EHEC strains (192 strains) that were isolated from 18 prefectures in Japan in 1996. Susceptibility testing was done by the agar dilution method. The lowest MIC values for fosfomycin was obtained when serum or blood was added to the media (MIC₉₀: 2 mg/ml). The MIC₉₀ values for azithromycin, kanamycin, tetracycline, minocycline, cefditoren/ceftetan, and norfloxacin were 8, 2, 2, 2, 0.25, and 0.13 mg/ml, respectively. Drug resistance was observed with fosfomycin, kanamycin, tetracycline, and some others. The susceptibility patterns often varied by isolation place or EHEC serotypes.

CENTRAL SCOTLAND ESCHERICHIA COLI 0157 OUTBREAK-
(CLINICAL ASPECTS)

V212/VII

AI Stewart, GA Jones, J McMenamin, AKR Chaudhuri, WTA Todd*
Lanarkshire Area Infectious Diseases Unit, Monklands, Scotland

During the central Scotland outbreak of food borne *E. coli* 0157 infection 113 cases (27.6% of total outbreak cases) were admitted to the Lanarkshire Area Infectious Diseases Unit. Eighty-six (76.1%) cases had laboratory evidence of infection. Over 50% were over 58 years of age with a female preponderance. All patients by definition suffered diarrhoea, 86.7% also reported abdominal pain, 46.9% vomiting and 42.3 % fever. Blood in stool (92%) correlated with complication development. The overall complication rate was 28.3%, Micro-angiopathic haemolysis (MAH) being the most common complication. Eleven (52.4%) children (under 16 years) and 38 (41.3%) adults developed MAH. Four (36.4%) children and 4(10.5%) adults developed renal failure requiring haemodialysis (HD). Sixteen (42.1%) adults, including all 4 who required HD, were treated intensively with therapeutic plasma exchange and prostacycline infusions. The mortality rate was higher in those receiving plasma exchange (31.2%) and patients with MAH (20.4%) compared with the rate for the total in-patient cohort (9.7%).

During a large outbreak of *E. coli* 0157 infection the elderly (> 60 years), in particular older males (>70 years), and children < 5 years appeared most likely to develop a complicated illness and/or death. Other clinical and laboratory predictors of outcome will be discussed.

**V219/VII QUESTIONNAIRE-BASED CLINICAL ASPECTS OF VTEC INFECTION
IN JAPAN, 1996**

**Tae Takeda*, Masako Tanimura, Ken-ichi Yoshino, Kyoko Yamagata,
Eriko Matsuda, Hiroshi Uchida and Norikazu Ikeda**

**Department of Infectious Diseases Research, and Department of
Pediatric Ecology, National Children's Medical Research Center, Tokyo
and Research Institute, Club Cosmetics Co., Ltd., Osaka, Japan**

We have sent questionnaires to 3908 hospitals all over Japan, and collected the information from 1769 hospitals (45.3%) on VTEC infection in 1996. Culture-confirmed, serologically positive and outbreak-involved 1012 cases were analyzed. Of them 197 (19.5%) developed HUS though less than 2% of HUS was reported from several outbreaks in school children. Complications of neurological manifestation in 49, appendicitis in 27, jaundice in 13, colon invagination in 10, rectal prolapse in 3, and pancreatitis in 3 were reported. Antibiotics treatment within 3 days reduced the risk of HUS three times and caused 1.7 times more rapid recovery than non-antibiotics group.

V220/VII INTENSIVE THERAPEUTIC PLASMA EXCHANGE (TPE) IN AN ELDERLY COHORT OF PATIENTS WITH *E. coli* 0157 RELATED DISEASE

GA Jones, AI Stewart, JA Murphy, RL Soutar, AKR Chaudhuri, WTA Todd*
Lanarkshire Area Infectious Diseases Unit, Monklands, Scotland, UK

During the Lanarkshire outbreak of food borne *E. coli* 0157 infection over 400 people were infected and many elderly patients required hospital care. The anticipated mortality in those developing Haemolytic Uraemic Syndrome or Thrombotic thrombocytopenic purpura (HUS/TTP) was 20% prompting early intervention with intensive TPE and intravenous prostacycline.

Criteria for TPE were: any degree of red cell fragmentation plus platelet count $<150 \times 10^9/l$ plus LDH $>1.5 \times$ upper normal and/or clinical suspicion of HUS/TTP. Prostacycline was given by continuous infusion from first TPE.

18 patients developed HUS/TTP and 16 (median age 71 years: 4 M, 12 F) received a total of 80 TPEs. In most prostacycline was discontinued prematurely because of intolerance. Five (31%) died from disease related complications including 2/4 requiring haemodialysis. Two suffered myocardial infarcts; 5 developed severe agitation and/or impaired conscious level. Two developed acute peritonitis; 1 haemorrhagic colitis. Complications of TPE included respiratory arrest, extravasation of exchange fluid, hypocalcaemia, hypomagnesaemia and hypogammaglobulinaemia. Rapid onset pulmonary oedema occurred, despite hypovolaemic exchange, in 50% of patients.

Prostacycline was poorly tolerated but TPE was used with apparent

PREVENTION OF ENTEROHEMORRHAGIC COLITIS IN YOUNG V43/VIII
RABBITS BY ORAL ADMINISTRATION OF IRRADIATED

ESCHERICHIA COLI VACCINE

*Vasile F.Dima, ¹Constantin Oproiu, ¹Virgil Vasiliu, ²Dezideriu Laky
and ³Stefan V.Dima. Cantacuzino Institute, ¹Institute of Atomic Physics,
²Victor Babes Institute, Bucharest, Romania, ³Centro Medico-Chirurgico,
S.I.S. Hahnemann, Roma, Italy.

We have searched for an effective oral vaccine which elicits anti-enterohemorrhagic immunity. Groups of young rabbits were orally immunized with three doses of irradiated (by electron high energy) E.coli O157:H7 vaccine. The vaccine is safe, and ensured marked immunity as shown by development of mucosal (sIgA), humoral (IgG) and cell-mediated immunity (assayed by uptake of ³H-TdR by Payers patches lymphoid cells) as well as by bacteriological, histopathological and electron microscopy findings.

Summing up, these results showed that three oral doses of irradiated E.coli O157:H7 vaccine provided strong protection against infection with enterohemorrhagic Escherichia coli strains.

BOVINE IMMUNE RESPONSE TO ESCHERICHIA COLI O157:H7 V67/VIII

Mark Hoffman*, Tom Casey and Brad Bosworth
National Animal Disease Center, USDA-ARS, Ames, Iowa USA

We are exploring the bovine immune response to Escherichia coli O157:H7 in order to develop vaccination strategies to reduce fecal shedding of this pathogen in cattle. Three groups of calves were studied. One group was orally vaccinated with an E. coli O157:H7 variant that does not express Shiga-like toxins (SLT) I or II, a second group with wild-type (wt) E. coli O157:H7 (SLT II⁺), and a third group with a non-pathogenic strain of E. coli. All calves were subsequently challenged with wt O157:H7 three weeks after a second vaccination. Prior exposure to wt O157:H7 or the SLT⁻ variant did not reduce fecal shedding of wt O157:H7 upon challenge. All calves developed antibodies to O-antigen. Peripheral blood mononuclear cells (PBMCs) isolated from the calves vaccinated with the SLT⁻ strain proliferated in response to heat-killed O157:H7, while PBMCs from calves vaccinated with wt O157:H7 or control strain did not. These findings support the hypothesis that SLT II has an immunosuppressive effect which future vaccination efforts will need to address.

V119/VIII Immunization of Pigs with Verotoxin 2e toxoid and a VT2e B subunit mutant.

T. Pohjanvirta*, C.L. Gyles, C. Clark, G. Tyrrell and J.L. Brunton. The Toronto Hospital, Toronto, Canada; Natl. Vet. and Food Res. Inst. Kuopio, Finland; and Dept of Vet. Microbiol. and Immunol., Ontario Veterinary College, University of Guelph, Canada

We studied the immune response and protective efficacy of edema disease toxin (VT2e) toxoid and the B subunit of a VT2e mutant designated GT3 which binds principally to Gb3. Expression systems were developed for both VT2e and GT3 B subunit which yielded 15 and 50 mg per 3 liter culture respectively. GT3 B has a pentameric structure and reacts well with the VT2 B subunit specific MAAb BC5BB12.

Pigs immunized with VT2e toxoid developed high titre antibody responses (1:12,800) and were completely protected against intravenous VT2e challenge. Pigs immunized with GT3B failed to develop measurable antibody titres but 5/6 survived the challenge with VT2e without becoming ill. GT3B immunization elicited high titres of anti VT2e antibodies (1:3,200) in rabbits but elicited no antibody response in pigs and mice. GT3B can be produced in large amounts but has little immunogenicity in pigs. We are currently investigating the basis for this.

V143/VIII PROTECTIVE IMMUNITY TO SHIGA TOXIN (STX) 1 FOLLOWING ORAL IMMUNIZATION WITH STX 1 B-SUBUNIT-PRODUCING *V. CHOLERAES* CVD 111

D. McGrath, D. Acheson, J.B. Kaper, and G.T. Keusch, New England Medical Center Hospital, Boston, MA, and Center for Vaccine Development, Baltimore MD.

We have previously shown that the Stx 1B expressing classical cholera vaccine strain CVD 103-HgR(pDA60) induces a systemic and possibly locally protective immune response in rabbits. We have now studied the immune response to an Stx 1B expressing El Tor *V. cholerae* vaccine strain [(CVD 111(pDA60)]. 5 New Zealand rabbits were given CVD 111(pDA60) and 5 given CVD 111 as controls (3 doses, $\sim 10^{10}$ organism/dose). All experimental rabbits developed high anti-Stx 1B IgG titres. Experimental rabbits secreted significantly less fluid than controls when challenged with Stx 1 in ileal loop experiments (0.38 ml/cm vs 1.12 ml/cm, $p=0.04$). Stx 1B based oral vaccines can induce local and systemic immune responses.

EXPRESSION OF ENTEROHEMORRHAGIC *ESCHERICHIA COLI*
INTIMIN IN TRANSGENIC PLANTS: AN EDIBLE ANTI-EHEC
O157:H7 VACCINE CANDIDATE

V234/VIII

C. Neal Stewart, Jr.^{*}, Marian R. Wachtel, Stephen A. Mabon, William B. Warrick, and Alison D. O'Brien. University of North Carolina, Dept. of Biology, Greensboro, N.C., and Uniformed Services University of the Health Sciences, Dept. of Microbiology & Immunology, Bethesda MD., USA.

Our goal is to produce an edible vaccine that will protect cattle or humans against colonization with Enterohemorrhagic *Escherichia coli* (EHEC) O157:H7 and other intimin-expressing *E. coli*. As a first step to achieve this purpose, we have constructed transgenic tobacco plants that express the intimin adhesin. Two intimin-encoding shuttle plasmids were designed, and each was introduced into tobacco by *Agrobacterium*-mediated transformation. Both plasmids expressed Histidine-intimin from a double-enhanced cauliflower mosaic virus 35S-driven promoter. One of the plasmids also contained tobacco nuclear matrix attachment regions to increase transgene expression. Over 100 independent transformant lines were recovered. These tobacco plants were morphologically normal, fertile, and expressed intimin (as estimated by Western blot) at 0 to 0.1% of total plant-associated protein. Thus, we have demonstrated that intimin can be synthesized in plants. Our next step will be to express intimin in canola, a candidate anti-EHEC edible transmission vaccine for cattle.

ANNOUNCING

**A simple and cost-effective verotoxin assay
for EHEC confirmation and VT identification**

VEROTOX-F

By Reversed Passive Latex Agglutination

- Types both VT1 and VT2
- Simple and rapid to perform
- Excellent sensitivity (1-2 ng/ml)
- Semi-quantitative results
- Excellent correlation to PCR

RPLA. Simple steps in the right *detection*.

Dilute Serially dilute specimen into a V-bottom microtiter plate

Drop Add one drop of latex reagent into each well

Done Read agglutination results next day

DENKA SEIKEN

A Dedicated Partner

3-4-2 Nihonbashi, Kayaba-cho, Chuo-ku, Tokyo 103, Japan
TEL: 81-3-3669-9421 FAX: 81-3-3669-9390



The  Standard in the detection of toxins
produced by ***ENTEROHEMORRHAGIC E. coli***

Premier EHEC

- ◆ **DETECTS** Shiga-like Toxins I and II
- ◆ **FLEXIBLE** Can be used directly on: Fresh, frozen, Cary-Blair preserved stools, agar plates, or broth culture systems from stools and food products
- ◆ **ACCURATE** Greater than 95% overall agreement compared to cytotoxin
- ◆ **SIMPLE** Color-Trak™ reagents
- ◆ **FAST** Diagnosed in hours... not days!
- ◆ **Catalog Number:** **608096**

Premier *E. coli* O157

- ◆ Detects *E. coli* O157 directly from fecal specimens or broth culture systems from meat products
- ◆ Results in 35 minutes
- ◆ Color Trak™ reagents
- ◆ Detects sorbitol-fermenting and non-sorbitol fermenting O157
- ◆ Perfect for high-volume testing
- ◆ **Catalog Number:** **607096**



Meridian Diagnostics, Inc.

3471 River Hills Drive
Cincinnati, OH 45244
Customer Service: 800-543-1980
Technical Support: 800-343-3858
Fax: (513) 272-5421

Meridian Diagnostics Europe, s.r.l.

Via dell'Industria, 7
20020 Villa Cortese
Milano, Italy
Telephone: 39 331 433636
Fax: 39 331 433616

E. coli 0157 Latex Test - DR620M

E. COLI 0157 LATEX TEST

*A highly sensitive and specific latex agglutination test for
the identification of E. coli serogroup 0157.*



EASY-TO-READ

Unique blue latex reagent for clearer interpretation of results.

ACCURATE

Rapid and reliable results, showing 100% sensitivity and 99% specificity.

CONVENIENT

Complete kit packaged in a space saving workstation with colour coded bottle caps
to easily distinguish between positive and negative controls.

SAFE

White throw-away reaction cards for quick and easy disposal.

Designed for convenience



Oxoid Inc.

800 Proctor Avenue

Ogdensburg, New York 13669
Telephone 1-800-567-8378 Fax (613) 226-3728

Index of Authors

Author	Session	Code	Page	Author	Session	Code	Page
Aabo, Soren	II	V186/II	38	Chapman, Peter	I	V99/I	13
Acheson, David	V	V144/V	87	Chapman, Peter	II	V100/II	35
Adak, G. K.	I	V75/I	10	Cheasty, Tom	I	V197/I	23
Ahmed, Syed	I	V191/I	22	Cheasty, Tom	VI	V198/VI	107
Akemi, Kai	I	V178/I	20	Chen, Shu	VI	V169/VI	105
Aleksic, Stojanka	I	V194/I	23	Chen, Shu	VI	V170/VI	106
Allerberger, Franz	I	V37/I	4	Choong, Park	VI	V38/VI	95
Allerberger, Franz	II	V29/II	30	Cleary, Thomas	V	V146/V	87
Allison, L.J.	I	V84/I	10	Cleenwerck, Ilse	III	V64/III	51
Allison, L.J.	I	V88/I	12	Coia, John	II	V2/II	27
Andreoli, Sharon	V	V148/V	88	Coia, John	VI	V3/VI	93
Arbus, G	I	V213/I	25	Coia, John	VI	V4/VI	93
Awad-Masalmeh, Mohamed	VI	V20/VI	94	Collington, Georgina	III	V181/III	63
Azim, Tasnim	IV	V188/IV	78	Cornick, Nancy	IV	V125/IV	74
Baker, Diane	II	V66/II	33	Craig, Hedberg	I	V156/I	18
Barer, M.R.	III	V231/III	66	Cravioto, Alejandro	IV	V168/IV	77
Barrett, Timothy	VI	V237/VI	111	Datta, Atin	II	V71/II	34
Bennish, M.L.	I	V187/I	22	De Mello Cerqueira, Aloysio	II	V25/II	29
Bennish, Michael	IV	V195/IV	79	De Mello Cerqueira, Aloysio	III	V24/III	48
Bettelheim, Karl	I	V44/I	6	Decludt, Benedicte	I	V184/I	21
Bettelheim, Karl	I	V46/I	6	Desmarchelier, Patricia	II	V227/II	43
Bettelheim, Karl	I	V47/I	7	Desmarchelier, Patricia	II	V228/II	43
Bettelheim, Karl	VI	V45/VI	96	Desmarchelier, Patricia	VI	V229/VI	110
Beutin, Lothar	II	V31/II	30	Devenish, John	III	V12/III	45
Beutin, Lothar	III	V32/III	49	Doyle, Michael	II	V63/II	32
Beutin, Lothar	IV	V30/IV	67	Ebel, Frank	III	V185/III	63
Bhimra, Rajendra	I	V208/I	24	Elliott, Simon	III	V159/III	61
Bielaszewska, Martina	I	V10/I	2	Feng, Peter	VI	V126/VI	100
Bielaszewska, Martina	I	V33/I	4	Finlay, Brett	III	V222/III	65
Bielaszewska, Martina	I	V9/I	1	Fischer, John	II	V233/II	44
Bloom, Peter	IV	V115/IV	74	Frankel, Gad	VI	V89/VI	98
Boel, Jeppe	II	V129/II	36	Fujii, Jun	IV	V76/IV	69
Brandt, John	I	V127/I	15	Fukushima, Hisao	VII	V6/VII	111
Brunton, James	III	V120/III	56	Gannon, Victor	II	V199/II	39
Bulte, Michael	II	V203/II	40	Giannmanco, Anna	VI	V51/VI	96
Caprioli, Alfredo	I	V52/I	8	Glynn, Kate	I	V147/I	18
Caprioli, Alfredo	III	V53/III	50	Goglio, Antonio	I	V50/I	7
Caprioli, Alfredo	VI	V54/VI	97	Gomez, Henry	VII	V157/VII	114
Carson, C.A.	VI	V232/VI	110	Grimont, Francine	VI	V133/VI	101
Carter, Philip	VI	V85/VI	98	Gyles, Carlton	III	V69/III	51

Author	Session	Code	Page	Author	Session	Code	Page
Gyles, Carlton	III	V70/III	52	Laegreid, William	VI	V142/VI	104
Harmon, Barry	II	V154/II	36	Liddell, Kenneth	I	V11/I	2
Heckotter, Susanne	II	V204/II	40	Lingwood, Clifford	III	V91/III	52
Herpay, Maria	VI	V39/VI	95	Lingwood, Clifford	III	V92/III	53
Heuvelink, A	II	V61/II	31	Lingwood, Clifford	III	V94/III	53
Heuvelink, A	II	V62/II	32	Lingwood, Clifford	III	V95/III	54
Heuvelink, A	VI	V60/VI	97	Lingwood, Clifford	III	V96/III	54
Ho, Michael	II	V73/II	35	Lingwood, Clifford	III	V97/III	55
Hoffman, Mark	VIII	V67/VIII	117	Lingwood, Clifford	V	V93/V	85
Hogg, Ronald	I	V158/I	19	Lingwood, Clifford	V	V98/V	85
Hong Kim, Jae	V	V19/V	80	Lopez, Eduardo	I	V225/I	26
Hovde Bohach, Carolyn	II	V72/II	34	Lopez, Eduardo	VI	V226/VI	109
Hull, Anne	III	V121/III	57	Mack, David	VII	V8/VII	112
Hutchison, James	IV	V189/IV	78	Mahan, John	V	V78/V	83
Hutchison, James	V	V190/V	91	Mahan, John	V	V79/V	84
Ibarra, Cristina	III	V138/III	59	Marsden, Phil	V	V201/V	91
Iftikhan, Urabi	III	V202/III	64	Maule, Andrew	II	V182/II	38
Jarvis, Karen	IV	V160/IV	75	McGrath, Donnie	VIII	V143/VIII	118
Jeremy, Weaver	II	V236/II	44	Melton - Celsa, Angela	III	V15/III	45
Johnson, R.P.	I	V209/I	24	Meng, Jianghong	VI	V5/VI	94
Johnson, R.P.	II	V210/II	41	Mermin, Jonathan	I	V74/I	9
Johnson, Roger	VI	V211/VI	108	Meyers, Kevin	VII	V34/VII	112
Joseph, Sam	II	V192/II	39	Monnens, Leo	V	V58/V	82
Kang, Gagandeep	IV	V104/IV	72	Monnens, Leo	V	V59/V	83
Karaolis, David	III	V193/III	64	Montaraz-Crespo, Juan Antonio	IV	V167/IV	76
Karch, Helge	III	V166/III	62	Montaraz-Crespo, Juan Antonio	IV	V80/IV	70
Karmali, Mohamed	IV	V163/IV	75	Montaraz-Crespo, Juan Antonio	IV	V81/IV	70
Karmali, Mohamed	IV	V164/IV	76	Nataro, James	III	V230/III	66
Karmali, Mohamed	IV	V200/IV	79	Natori, Yasuhiro	III	V150/III	60
Karpman, Diana	IV	V35/IV	68	Nishikawa, Yoshikazu	I	V179/I	20
Kaspar, Charles	II	V23/II	29	Obrig, Tom	V	V173/V	89
Kavi, Jay	VI	V103/VI	99	Obrig, Tom	V	V174/V	90
Keen, James	VI	V141/VI	103	Orrbine, Elaine	I	V116/I	14
Ken-Ichi, Yoshino	VI	V153/VI	104	Orrbine, Elaine	I	V117/I	14
Kerr, Kevin	I	V134/I	17	Orrbine, Elaine	VI	V118/VI	100
Kerr, Kevin	III	V135/III	59	Ownis, Ali	II	V205/II	41
Kerr, Paul	VI	V183/VI	106	Parry, S. M.	I	V1/I	1
Khakhria, Rasik	I	V124/I	15	Pascal, Michel	I	V90/I	12
Knutton, Stuart	III	V17/III	46	Paton, James	III	V48/III	50
Knutton, Stuart	III	V18/III	47	Paton, James	IV	V49/IV	68
Kofoth, Christina	II	V7/II	27	Pierard, Denis	I	V132/I	16
Kohan, Donald	V	V56/V	81	Pierard, Denis	I	V136/I	17
Koshi, Rachel	IV	V106/IV	73	Pierard, Denis	III	V131/III	58
Kozlov, Yuri	III	V26/III	48				
Kwang, Jimmy	VI	V139/VI	102				
Laegreid, William	VI	V140/VI	103				

Author	Session	Code	Page	Author	Session	Code	Page
Pierard, Denis	VI	V130/VI	101	Takeda, Tae	VII	V219/VII	116
Piva, Iriane Cristina	I	V180/I	21	Takeshi, Itoh	I	V177/I	19
Pohjanvirta, Tarja	VIII	V119/VIII	118	Tatsuo, Yamamoto	VII	V172/VII	115
Prado, Valeria	I	V223/I	26	Taylor, Fletcher	IV	V176/IV	77
Prado, Valeria	VI	V224/VI	109	Tesh, Vernon	IV	V101/IV	71
Pulimood, Anna	V	V105/V	86	Tesh, Vernon	IV	V102/IV	72
Ray, Patricio	V	V206/V	92	Thomson- Carter, Fiona	I	V86/I	11
Ray, Patricio	V	V207/V	92	Thomson- Carter, Fiona	I	V87/I	11
Reilly, W.L.	I	V128/I	16	Todd, W.T.A	VII	V220/VII	116
Richter, Heinz	VI	V196/VI	107	Todd, W.T.A.	VII	V212/VII	115
Rivas, Marta	VI	V137/VI	102	Tomomasa, Yano	III	V21/III	47
Roberts, Tanya	II	V155/II	37	Tozzi, Alberto	I	V55/I	8
Robins-Browne, Roy	III	V122/III	57	Trevena, Barrie	I	V28/I	3
Robins-Browne, Roy	III	V123/III	58	van den Heuvel, L.P	V	V27/V	81
Rogers, James	VII	V149/VII	114	van den Heuvel, L.P	V	V57/V	82
Rowe, Michael	II	V22/II	28	Vasile, Dima	VIII	V43/VIII	117
Rowe, Michael	II	V65/II	33	Vernozy-Rozand, Christine	II	V40/II	31
Sandvig, Kristen	III	V36/III	49	Wachtel, Marian	III	V16/III	46
Scheutz, Flemming	I	V41/I	5	Wasteson, Yngvild	II	V13/II	28
Scheutz, Flemming	I	V42/I	5	Watanabe, Harvo	I	V68/I	9
Schmidt, Herbert	VI	V165/VI	105	Wieler, Lothar	III	V161/III	61
Schulman, Seth	VII	V111/VII	113	Wieler, Lothar	III	V162/III	62
Sherman, Philip	III	V107/III	55	Will, Loren	VI	V112/VI	99
Sherman, Philip	III	V108/III	56	Williams, J.M	IV	V83/IV	71
Siegler, Richard	I	V113/I	13	Williams, J.M.	V	V82/V	84
Siegler, Richard	V	V114/V	86	Wolf, Lucas	III	V145/III	60
Siionen, Anja	I	V14/I	3	Yee, Arlene	II	V171/II	37
Stewart, Neal	VIII	V234/VIII	119	Yoshida, Shin-ichi	IV	V77/IV	69
Stinson, Jeffrey	VII	V110/VII	113	Zepeda - Lopez, Hector	IV	V109/IV	73
Stockbine, Nancy	III	V235/III	67	Zhou, Zhijiang	II	V214/II	42
Suarez, Susana	III	V221/III	65	Zhou, Zhijiang	II	V215/II	42
Takeda, Tae	I	V216/I	25	Zimmerhackl, L.B	V	V151/V	88
Takeda, Tae	IV	V217/IV	80	Zimmerhackl, L.B	V	V152/V	89
Takeda, Tae	VI	V218/VI	108				

Addresses of Delegates

Aabo, Soren
National Food Agency of Denmark
Morkhoy Bygade 19
Soborg Copenhagen, 2860 Denmark
Tel: 45-3969-6600 Fax: 45-3966-0100
E-mail: saa@lst.min.dk

Adu-Bobie, Jeannette
Imperial College of Science Technology and Medicine
Dept. of Biochemistry
South Kensington
London, SW7, ZAZ UK
Tel: 0171-594-5254 Fax: 0171-594-5255
E-mail: j.adu-bobie@ic.ac.uk

Abe, Akio
The University of British Columbia
Biotechnology Laboratory
Room 237 Wesbrook Building, 6174 University Blvd.
Vancouver, BC V6T 1Z3 Canada
Tel: 604-822-2493 Fax: 604-822-9830
E-mail: akioabe@portal.ca

Ahmed, Syed
Lanarkshire Health Board
14 Beckford
Hamilton, ML3 0TA UK
Tel: 01698-281313 Fax: 01698-424316
E-mail:

Acheson, David
New England Medical Center
750 Washington Street
Boston, MD 02111 USA
Tel: 617-636-8418 Fax: 617-636-5292
E-mail:

Aleksic, Stojanka
Institute of Hygiene
Marckmannstr. 129a.
Hamburg, D-20539 Germany
Tel: 040-78964-215/216 Fax: 040-783561
E-mail:

Acheson, David
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Allerberger, Franz
Institute For Hygiene
Fritz Pregel- Str. 3
Innsbruck, A 6020 Austria
Tel: 011-43-512-583391 Fax: 011-43-512-574414
E-mail: franz.Allerberger@unbk.ac.at

Adachi, Hiroshi
Denka Seiken Co. Ltd.
3-4-2 Nihombashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Allison, Lesley J
University of Aberdeen
Dept Medical Microbiology, Medical School
Forester Hill
Aberdeen, AB 25 2ZD Scotland
Tel: 01224-681818-52996 Fax: 01224-685604
E-mail: l.j.allison@abdn.ac.uk

Adak, Goutam
Public Health Laboratory Service, Communicable
Disease Surveillance Center
610 Colindale Avenue
London, NW9 5EQ UK
Tel: 44-181-200-6868 Fax: 44-181-7868
E-mail: badak@phls.co.uk

Andrade, Joao
Universidade do Estado do Rio de Janeiro
Avenida 28 de Setembro, 87 Fundos, 3er andar
Rio de Janeiro, RJ 20551-030 Brazil
Tel: 021-587-6380 Fax: 021-587-6476
E-mail: andrade@vmsa.uerj.br

Andreoli, Sharon P
Indiana University Medical Center
702 Barnhill Drive
Indianapolis, IN 46202 USA
Tel: 317-274-2563 Fax: 317-278-3599
E-mail: sandreoli@indyvax.iupui.edu

Bain, Christopher
The University of Birmingham
Institute of Child Health
The Nuffield Building, Francis Road
Birmingham, BIG 8ET UK
Tel: 44-121-450-6014 Fax: 44-121-454-4851
E-mail: c.bain@bham.ac.uk

Arbus, Gerald
Hospital for Sick Children
555 University Ave.
Toronto, M5G1X8 Canada
Tel: 416-813-6288 Fax: 416-813-6271
E-mail: garbus@sickkids.on.ca

Baker, Diane
South Dakota State University
Veterinary Science Dept.
North Campus Drive
Brookings, SD 57007 USA
Tel: 605-688-5171 Fax: 605-688-6003
E-mail: u5ai@sdsumus.sdstate.edu

Arbuthnott, Kathryn
Sunol Molecular Corp.
2173 NW 99th Ave.
Miami, FL 33172 USA
Tel: 305-591-0886 Fax: 305-591-1301
E-mail: sunol19@mail.idt.net

Bancel, Stephane
bioMerieux Asia-Pacific
3-43-1 Minami-Otusuka, Toshima-ku
Tokyo, 151 Japan
Tel: 81-3-5952-7649 Fax: 81-3-5952-7683
E-mail: sbancel@crisscross.com

Armstrong, Glen
University of Alberta
Dept. of Medical Microbiology and Immunology
1-41 Medical Sciences Building
Edmonton, T6G 2H7 Canada
Tel: 403-492-2303 Fax: 403-492-7521
E-mail: glen.armstrong@ualberta.ca

Basta, Magdy
Pro Lab Diagnostics
20 Mural St.
Richmond Hill, Ontario L4B 1K3 Canada
Tel: 905-731-4588 Fax: 905-731-0206
E-mail:

Atrache, Vincent
BioMerieux S.A.
Chemin de l'orme
Marcy L' Etoile, 69280 France
Tel: 3347887-2299 Fax: 3347887-2139
E-mail:

Belakere, Ramegowda
Dept. of Medical Microbiology and Immunology,
Texas A&M University
Reynolds Medical Center
College Station, TX 77843 USA
Tel: 409-845-3213 Fax: 409-845-3479
E-mail: jor9303@tamu.edu

Awad-Masalmeh, Mohamed
University of Veterinary Medicine, Bacteriology
Josef Baumanngasse 1
Vienna, 1210 Austria
Tel: 43-1-603-6204 Fax: 43-1-879-2264
E-mail:

Berberov, Emil
University of Nebraska Lincoln
120 Vet. & Biomed. Sciences, East Campus Loop
Lincoln, NE 68583-0905 USA
Tel: 402-472-0706 Fax: 402-472-9690
E-mail: eberberov@crcvms.unl.edu

Azim, Tasnim
International Centre for Diarrhoeal Disease Research
GPO Box 128
Dhaka, 1000 Bangladesh
Tel: 880-2-871751 Fax: 880-2-872529
E-mail: tasnim@cholera.bangla.net

Bettelheim, Karl
Victorian Infectious Diseases Reference Laboratory
Fairfield Campus, Yarra Bend Road, Fairfield, PO
Box 65
Melbourne, Victoria 3084 Australia
Tel: 61-3-9280-2662 Fax: 61-3-9280-8097
E-mail: kabem@jolt.mpx.com.au

Beutin, Lothar
Robert Koch Institute
Dept. of Microbiology
Nordufer 20
Berlin, D 13353 Germany
Tel: 30-454-72484 Fax: 30-454-72328
E-mail: beutinl@rki.de

Boerlin, Patrick
University of Guelph
Dept. of Veterinary Pathology
Guelph, NIG 2W1 Canada
Tel: 519-824-4120 Fax: 519-767-0809
E-mail: pboerlin@ovenet.uoguelph.ca

Bielaszewska, Martina
Institute of Medical Microbiology
The 2nd Medical Faculty
Charles University
Vuvalu 84, 150 06 Praha 5- Motol
Prague, 150 06 Czech Republic
Tel: 42-2-2443-5363 Fax: 42-2-2443-2020
E-mail:

Bohach, Carolyn
University of Idaho
Dept. of Microbiology, Molecular Biology, &
Biochemistry
Moscow, ID 83844 USA
Tel: 208-885-5906 Fax: 208-885-6518
E-mail: cbohach@uidaho.edu

Binnington-Boyd, Beth
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

Bollman, Jill
Food Science Department
University of Manitoba
Winnipeg, MB R3I 2N2 Canada
Tel: 204-474-9878 Fax: 204-261-1488
E-mail:

Bitzan, Martin
University of Toronto
Medical Sciences Building
1 King's College Circle
Toronto, Ontario M5G IAZ Canada
Tel: 416-978-7737 Fax: 416-597-9749
E-mail: m.bitzan@utoronto.ca

Briggs, Josephine
NIDDK/ National Institutes of Health
Bldg. 31, Rm. 9A17
Bethesda, MD 20892-2560 USA
Tel: 301-496-6325 Fax: 301-402-4874
E-mail: briggsj@hq.niddk.nih.gov

Blank, Greg
Food Science Department
University of Manitoba
Winnipeg, MB R3I 2N2 Canada
Tel: 204-474-8742 Fax: 204-261-1488
E-mail:

Brunton, James
The Toronto Hospital
Microbiology Department
NUW 13-124 200 Elizabeth St.
Toronto, M5G 2C4 Canada
Tel: 416-340-3183 Fax: 416-340-5047
E-mail:

Bloom, Peter
University of Maryland Medical Center
Div. of Gastroenterology
22 South Greene St. Room N3W62
Baltimore, MD 21201 USA
Tel: 410-328-5780 Fax: 410-328-8315
E-mail: pbloom@umabnet.ab.umd.edu

Buchko, Susan J
University of Manitoba
250 Ellis Building
Winnipeg, Manitoba R3T 2N2 Canada
Tel: 204-474-9621 Fax: 204-261-1489
E-mail: umbuchko@cc.umanitoba.ca

Boel, Jeppe
National Food Agency of Denmark
Mørkhøj Bygade 19
Soborg Copenhagen, 2860 Denmark
Tel: 45-39-69-6600 Fax: 45-39-66-0100
E-mail: jeb@lst.min.dk

Buckley, Sandra
USDA- ARS- FAPRL
2881 F& B Road
College Station, TX 77845 USA
Tel: 409-260-9420 Fax: 409-260-9332
E-mail: buckley@usda.tamu.edu

Calderwood, Stephen
Massachusetts General Hospital
Infectious Disease Division
Fruit Street
Boston, MA 02114 USA
Tel: 617-726-3811 Fax: 617-726-7416
E-mail: calderwoods@a1.mgh.harvard.edu

Callaghan, Kathryn
Department of Health
Room 502A Skipton House 80 London Road
London, SE1 GLW UK
Tel: 0171-972-5354 Fax: 0171-972-5558
E-mail:

Caprioli, Alfredo
Istituto Superiore di Sanita
Viale Regina Elena, 299
Rome, 00161 Italy
Tel: 396-4990-2727 Fax: 396-4938-7077
E-mail:

Carson, C. Andrew
University of Missouri
Columbia, MO 65211 USA
Tel: 573-884-7640 Fax: 573-884-0521
E-mail: vmandy@vetmed.missouri.edu

Carter, Philip
University of Aberdeen
Dept. Medical Microbiology
Univ. Aberdeen Medical Building, Forester Hill
Aberdeen, AB 25 2ZZ Scotland
Tel: 01224-663123 Fax: 01224-685604
E-mail: p.c.carter@abdn.ac.uk

Cerquiera, Aloysio de Mello Figueiredo
Universidade Federal Fluminense
Rua Hernani Melo, 101 Sao Domingos
Niteroi, RJ 24210-130 Brazil
Tel: 55-21-620-0623 Fax: 55-21-620-5266
E-mail: mipamfc@um.uff.br

Chapman, Peter Alan
Public Health Laboratory Service
Herries Road
Sheffield, S57BQ UK
Tel: 114-243-7749 Fax: 114-242-5385
E-mail:

Cheasty, Thomas
PH25 Central Public Health Laboratory
61 Colindale Ave.
London, NW9 5HT UK
Tel: 0181-200-4400 Fax: 0181-905-9929
E-mail: tcheasty@phls.co.uk

Clarke, Robert
Health Canada
110 Stone Road W
Guelph, NIG 3W4 Canada
Tel: 519-822-3300 Fax: 519-822-6239
E-mail:

Cleenwerck, Ilse
National Institute voon Diergeneeskundig Ardersoek
Graesalenberg 99
Brussel, 1180 Belgie
Tel: 32-2-375-4455 Fax: 32-2-375-0979
E-mail:

Coia, John
Dept. of Clinical Microbiology
Western General Hospital Crowe Road
Edinburgh, EH4 2X4 UK
Tel: 0131-537-1927 Fax: 0131-537-1024
E-mail: 100636.3427@compuserve.com

Collington, Georgina
The University of Birmingham
Institute of Child Health
The Nuffield Building, Francis Road
Birmingham, BIG 8ET UK
Tel: 44-121-450-6014 Fax: 44-121-454-4851
E-mail: g.k.collington@bham.ac.uk

Conedera, Gabriella
Instituto Zooprofilattico Sperimentale delle Venezie
Via Orus Nro. 2
Legnaro, Padova 35020 Italy
Tel: 38-49-8830380 Fax: 38-49-8830178
E-mail:

Cookson, Adrian
Central Veterinary Laboratory
MGF, CVL Woodman Lane, New Haw, Addlestone
Surrey, KT15 3NB UK
Tel: 44-1932-357348 Fax: 44-1932-347046
E-mail: alcookson@vla.maff.gov.uk

Cornick, Nancy
Iowa State University, Veterinary Medical Research Institute
1802 Elwood Drive
Ames, IA 50011 USA
Tel: 515-294-6236 Fax: 515-294-1401
E-mail: ncornick@iastate.edu

DeVinney, Rebekah
The University of British Columbia
Biotechnology Laboratory
Room 237 Wesbrook Building, 6174 University Blvd.
Vancouver, BC V6T 1Z3 Canada
Tel: 604-822-2493 Fax: 604-822-9830
E-mail: devinney@unixg.ubc.ca

Custer, Carl
USDA, FSIS, OPHS, MD
Room 6913 Franklin Court,
1400 Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-7321 Fax: 202-501-7638
E-mail:

Duthie, Lesley
University of Aberdeen
Dept. of Medicine, Therapeutics
Institute of Medical Sciences
Aberdeen, AB25 27D UK
Tel: 441224-681818 Fax: 441224-278066
E-mail:

De Boer, Enne
Inspectorate For Health Protection
P.O Box 9012
Zutphen, 7200 GN The Netherlands
Tel: 31-575-52-6644 Fax: 31-575-52-5607
E-mail:

Eberly, Rick
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Dean-Nystrom, Evelyn
NADC (National Animal Disease Center)
P.O Box 70
Ames, IA 50010 USA
Tel: 515-239-8376 Fax: 515-239-8458
E-mail: enystrom@nadc.ars.usda.gov

Edwards, Ana
Sunol Molecular Corp.
2173 NW 99th Ave
Miami, FL 33172 USA
Tel: 305-591-0886 Fax: 305-591-1301
E-mail: sunol19@mail.idt.net

Decludt, Benedicte
Reseau National De Sante Publique
14 Rue du Vap d' Osne
Saint Maurice, 94415 Cedex France
Tel: 1014-396-6690 Fax: 1014-396-6509
E-mail: decludt@B3E.jussien.fr

Ehrenfeld, Elizabeth
IDEXX Labs
One IDEXX Dr.
Westbrook, ME 04092 USA
Tel: 207-856-0657 Fax: 207-856-0474
E-mail: elizabeth-ehrenfeld@idexx.com

Desmarchelier, Patricia Margaret
CSIRO Australia
PO Box 3312 Tingalpa D.C.
Brisbane, Quensland 4173 Australia
Tel: 61-7-3214-2032 Fax: 61-7-3214-2062
E-mail: p.desmarchelier@gld.dfst.csiro.au

Elder, Robert
USDA, ARS, US Meat Animal Research Center
P.O. Box 166, State Spur 18D
Clay Center, NE 68933 USA
Tel: 402-762-4392 Fax: 402-762-4375
E-mail: relder@crcvms.unl.edu

Devenish, John
University of Guelph
Dept. of Pathobiology
Guelph, N1G 2W1 Canada
Tel: 519-823-8800 Fax: 519-767-0809
E-mail: jdevenish@ovcnet.uoguelph.ca

Elliott, Simon
Center for Vaccine Development
685 W Baltimore St.
Baltimore, MD 21201 USA
Tel: 410-706-2493 Fax: 410-706-6205
E-mail: selliott@umabnet.ab.umd.edu

Fegan, Narelle
CSIRO Division Food Science and Technology
P.O Box 3312, Tingalpa DC
Brisbane, Queensland 4173 Australia
Tel: 61-7-3214-2000 Fax: 61-7-3214-2062
E-mail: narelle.fegan@gld.dfst.csiro.com

Foster, Debra
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

Feng, Peter
Div. Microbiological Studies, HFS-516 FDA
200 C. Street SW
Washington, DC 20204 USA
Tel: 202-205-4518 Fax: 202-401-7740
E-mail:

Frankel, Gad
Imperial College of Science, Technology and Medicine
Dept. of Biochemistry
London, SW7 2AZ UK
Tel: 44-171-594-5254 Fax: 44-171-594-5255
E-mail: gfrankel@ic.ac.uk

Fenwick, Brad
Kansas State University
Dept. Diagnostic Medicine / Pathobiology VCS Building
Manhattan, KS 66506-5606 USA
Tel: 913-532-4412 Fax: 913-532-4039
E-mail: fenwick@vte.ksn.edu

Franklin, Anders
National Veterinary Institut
Dept. of Antibiotics
P.O Box 7073
Uppsala, S-750 07 Sweden
Tel: 46-18-674000 Fax: 46-18-309162
E-mail: Anders.Franklin@sva.se

Fischer, John
Southeastern Cooperative Wildlife Disease Study
College of Veterinary Medicine
The University of Georgia
Athens, GA 30602 USA
Tel: 706-542-1741 Fax: 706-542-5865
E-mail: fischer.j@calc.vet.uga.edu

Frechon, Dominique
Sanofi Diagnostics Pasteur
3 Boulevard Raymond Poincare
Marnes la Coquette, 92430 France
Tel: 33-1-4795-6157 Fax: 33-1-4795-6165
E-mail: dfrechon@pasteur.fr

Flood, Susan
PE Applied Biosystems
850 Lincoln Center Dr
Foster City, CA 94404 USA
Tel: 415-638-5413 Fax: 415-638-6333
E-mail: floodSj@perkin-elmet.com

Frydendahl, Kai
Danish Veterinary Laboratory
Bulowskei 27
Kobentavn, 1790 V Denmark
Tel: 45-35300100 Fax: 45-35-300120
E-mail: kaf@svs.dk

Fortina, Giacomo
Ospedale Maggiore della Carita
Laboratorio di Microbiologia
Coreo Mazzini, 18
Novara, 28100 Italy
Tel: Fax:
E-mail:

Fujii, Jun
University of Occupational and Environmental Health
Dept of Microbiology, School of Medicine
Kitakyushu, 807 Japan
Tel: 81-93-691-7242 Fax: 81-93-602-4799
E-mail: jfujii@med.uoei-u.ac.jp

Foster, Gregory
Dept. of Medical Microbiology and Immunology
Texas A&M University
Reynolds Medical Center
College Station, TX 77843 USA
Tel: 409-845-3213 Fax: 409-845-3479
E-mail:

Fukushima, Hisao
Pediatrics Sakai Municipal Hospital
1-1-1 Minami- Yasui- Cho
Sakai, Osaka 590 Japan
Tel: 81-3-722-21-1700 Fax: 81-3-722-25-3312
E-mail:

Galler, Robert
Lois Joy Galler Foundation for Hemolytic Uremic Syndrome, Inc.
734 Walt Whitman Road
Melville, NY 11747 USA
Tel: 516-673-3017 Fax: 516-673-3025
E-mail: galler@liglobal.com

Gannon, Victor
Heath Canada
PO Box 646 Gask Rd.
Lethbridge, T1J 3Z4 Canada
Tel: 403-382-5514 Fax: 403-381-1202
E-mail: gannony@em.agr.ca

Gansheroff, Lisa
Uniformed Services University of
The Health Sciences
Dept of Microbiology
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-3421 Fax: 301-295-3773
E-mail: gansheroff@usuhsb.usuhs.mil

Giammanco, Anna
Dept. of Hygiene and Microbiology
Via del Vespro
Palermo, 90127 Italy
Tel: 91-655-3678 Fax: 91-655-3676
E-mail:

Glynn, M. Kathleen
Centers for Disease Control
1600 Clifton Road, MSA38
Atlanta, GA 30333 USA
Tel: 404-639-2206 Fax: 404-639-2205
E-mail: mjg6@cdc.gov

Goglio, Antonio
Becton Dickinson Italia S.P.A.
Via Caldera, 21
Milano, 20453 Italy
Tel: Fax:
E-mail:

Gondaira, Fumio
Denka Seiken Co. Ltd.
CANCELLATION
3-4-2 Nihonbashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail: Cancellation 05/15/97

Gosch, Greg
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Gouveia, Sophie
Food Research Institute/ Ag and Agrifood Canada
1925 Willow Drive
Madison, WI 53715 USA
Tel: 608-263-5651 Fax: 608-263-1114
E-mail: gouveia@calshp.cals.wisc.edu

Grangette, Corinne
Institut Pasteur de Lille
1 Rue du P' Calmelte
Lille, 59019 France
Tel: 33-03-20-87-7774 Fax: 33-03-20-87-7908
E-mail:

Grif, Katharina
University of Innsbruck, Institut fur Hygiene
Fritz Pregel- Str. 3
Innsbruck, A 6020 Austria
Tel: 43-512-583391 Fax: 43-512-507-2870
E-mail: Katharina.Grif@uibl.ac.at

Griffin, Patricia
National Center for Infectious Diseases
Centers for Disease Control & Prevention
1600 Clifton Road
Atlanta, GA 30333 USA
Tel: 404-639-3384 Fax: 404-639-2205
E-mail:

Grimont, Francine
Institut Pasteur U. Enterobacteries
28, rue Dr. Roux
Paris Cedex 15, 75724 France
Tel: 33-0145-688344 Fax: 33-01-45-688-837
E-mail: fgrimont@pasteur.fr

Guay-Broder, Colleen
NIDDK/ NIH
Bldg. 31, Room 9A07
Bethesda, MD 20892-2560 USA
Tel: 301-496-6623 Fax: 301-480-6741
E-mail: broderc@hq.niddk.nih.gov

Guth, Beatriz
Universidade Federal de Sao Paulo
Escola de Medicina
Rua Botucatu, 862 3 Andar
Sao Paulo, 04023-062 Brazil
Tel: 011-549-8210 Fax: 011-571-6504
E-mail: beoguth@dmipaepm.br

Gyles, Carlton
Ontario Veterinary College University of Guelph
Dept. of Pathology O.V.C.
Guelph, Ontario NIG 2W1 Canada
Tel: 519-824-4120 Fax: 519-824-5930
E-mail: cgyles@ovcnet.uoguelph.ca

Hancock, Dale
Field Disease Investigation Unit
Pullman, WA 99164-6610 USA
Tel: Fax:
E-mail:

Haring, Volker
CSIRO Division of Animal Health
East Geelong
Victoria, 3220 Australia
Tel: 61-3-5227-5741 Fax: 61-3-5227-5555
E-mail: v.haring@aahl.dah.cisro.au

Harmon, Barry
University of Georgia
Pathology Dept.
College of Veterinary Medicine
Athens, GA 30602 USA
Tel: 706-542-5837 Fax: 706-542-5828
E-mail: harmon.b@cak.vet.liga.edu

Harris, Alan
St. Lukes Medical Center
1753 W Congress Pkwy
Chicago, IL 60612 USA
Tel: 312-942-5865 Fax: 312-942-2184
E-mail:

Harris, Mary
NIDDK/ NIH
Bldg. 31, Room 9A04
Bethesda, MD 20892-2560 USA
Tel: 301-435-8114 Fax: 301-496-7422
E-mail: harrism@hq.niddk.nih.gov

Hase, Atsushi
Osaka City Institute of Public Health &
Environmental Sciences
8-34-, Tojo-Cho, Tennoji—ku
Osaka, 543 Japan
Tel: 81-6-771-3148 Fax: 81-6-772-0676
E-mail:

Hayes, Michael
University of Wales Institute Cardiff
Central Management
Llandaff Campus
Cardiff, Wales U.K. CFS 2SG Wales
Tel: 01-222-50-6031 Fax: 01-222-50-6032
E-mail: mhayes@uwic.ac.uk

Heckotter, Susane
Institut fur Tierorzhiche Nahnumgsmilled kunde der
JLU Giessen
Frankfurter Str. 92
Giessen, 35392 Germany
Tel: 0049-641-99-38251 Fax: 0049-641-99-36259
E-mail:

Hemphill, Erich
USDA/ Food Safety and Inspection Service
Public Health and Science
Rm. 6913E Franklin Court, Suite 1400
Independence Ave. SW
Washington, DC 20250-3700 USA
Tel: 202-501-7321 Fax: 202-501-7638
E-mail:

Herpay, Maria
"B. Johan" National Institute of Public Health
Gyali u 2-6
Budapest, 1097 Hungary
Tel: 36-1-215-2250 Fax: 36-1-215-0731
E-mail:

Hess, Ralf D
Hiss Diagnosstics GmbH
Colombistr. 27
Freiburg, 79098 Germany
Tel: 49-761-2020062 Fax: 49-761-2020066
E-mail:

Heuvelink, Annet
University Hospital Nijmegen
Geert Grooteplein 20
Nijmegen, 6500 HB The Netherlands
Tel: 31-243-616072 Fax: 31-243-616428
E-mail: a.heuvelink@ckskg@azn.nl

Hideharu, Kikuchi
bioMerieux Vitek Japan
3-43-1 Minami—Otsuka, Toshima-ku
Tokyo, 170 Japan
Tel: 81-3-5952-0836 Fax: 81-3-5952-0760
E-mail:

Hull, Anne
LSU Medical School
Dept. of Medicine
1542 Tulane Avenue
New Orleans, LA 70112 USA
Tel: 504-568-5031 Fax: 504-568-6752
E-mail: ahull@sumc.edu

Hill, Hoyle D
DIFCO Laboratories
1180 Ellsworth Rd
Ann Arbor, MI 48108 USA
Tel: 313-677-8015 Fax: 313-677-8099
E-mail:

Hyde, Lucie
Canadian Pediatric Disease Research Centre
401 Smyth Road
Ottawa, K1H 8L1 Canada
Tel: 613-946-8098 Fax: 613-738-4800
E-mail:

Hirschman, Glaysd
NIDDK/ NIH
Bldg. 45, Room 6AS13A
Bethesda, MD 20892-6600 USA
Tel: 301-594-7717 Fax: 301-480-3510
E-mail: hirschmang@hq.niddk.nih.gov

Ibarra, Cristina
Universidad de Buenos Aires, Facult. de Medicina
Dept de Fisiologia
Paraguay 2155 7mo. piso
Buenos Aires, 1121 Argentina
Tel: 54-1-964-0503 Fax: 54-1-963-6287
E-mail: acataldi@correo.inta.gov.ar

Ho, Michael
PE Applied Biosystems
850 Lincoln Centre Drive
Foster City, CA 94404 USA
Tel: 415-638-5370 Fax: 415-638-6333
E-mail: horns@perkin-elmer.com

Ida, Osamu
Osaka University Medical School
Dept. of Public Health
2-2 Yamada Oka Suita City
Suita City, Osaka 565 Japan
Tel: 81-6-879-3911 Fax: 81-6-879-3919
E-mail: ida@pbhel.med.osaka-u.ac.jp

Hoffman, Mark
USDA National Animal Disease Center
2300 Dayton Road
Ames, IA 50010 USA
Tel: 515-239-8318 Fax: 515-239-8458
E-mail: mhoffman@nadc.avr.usda.gc

Ikeda, Norikazu
Club Cosmetics Co., Ltd.
2-6-11, Nishi honmachi, Nishi-ku
Osaka, 550 Japan
Tel: 81-6-531-2990 Fax: 81-6-531-2269
E-mail: n-ikeda@po.iijnet.or.jp

Hollingsworth, Jill
USDA
1400 Independence Ave. SW
Room 2175 South Blg.
Washington, DC 20250 USA
Tel: Fax:
E-mail:

Ingram, David
University of Maryland at College Park
Dept. of Microbiology
College Park, MD 20742 USA
Tel: 301-405-5451 Fax: 301-314-9489
E-mail: dingram@microb.umd.edu

Hopkins, Geoffrey
SAC (Scottish Agricultural College)
Veterinary Services
Janetstown
Thurds, KW14 7XF Scotland
Tel: 01847-892602 Fax: 01847-896355
E-mail: vcthusro@ed.sac.ac.uk

Ismaili, Arif
Hospital For Sick Children
555 University Ave.
Toronto, M5G1X8 Canada
Tel: 416-813-6182 Fax: 416-813-6531
E-mail:

Israel, Heidi
Dynal, Inc
5 Delaware Dr.
Lake Success, NY 11042 USA
Tel: 516-326-3270 Fax: 516-326-3298
E-mail: hisrael@dynalusa.attmail.com

Jiang, Cindy
McDonalds Corp.
Food Safety # 107 Cob- 3, KROC Drive
Oak Brook, IL 60521 USA
Tel: 630-623-3120 Fax: 630-623-6146
E-mail:

Itoh, Kikuji
The University of Tokyo
Dept. of Veterinary Public Health
1-1-1 Yayoi, Bunkyo-ku
Tokyo, 113 Japan
Tel: +81-3-3812-2111 ext 5476
Fax: +81-3-5800-6918
E-mail: akikuji@hongo.ecc.u-tokyo.ac.jp

Jocelyne, Roisin
Sanofi Diagnostics Pasteur
3, Bd Raymond Poincare
Marnes La Coquette, 92430 France
Tel: 0147-956174 Fax:
E-mail:

Itoh, Takeshi
Tokyo Metropolitan Research Laboratory of Public
Health
3-24-1-, Hyakumin-cho, Shinjuku-ku
Tokyo, 169 Japan
Tel: 81-3-3363-3231 Fax: 81-3-3368-4060
E-mail:

Joe, Angela
Hospital For Sick Children
555 University Ave.
Toronto, M5G1X8 Canada
Tel: 416-813-6182 Fax: 416-813-6531
E-mail:

James, William
USDA/ Food Safety and Inspection Service
Public Health and Science
Rm. 6913E Franklin Court,
1400 Independence Ave. SW
Washington, DC 20250-3700 USA
Tel: 202-501-7321 Fax: 202-501-7638
E-mail:

Johansen, Birgit
The Norwegian College of Veterinary Medicine
P.O Box 8146 Dep
Oslo, N-0033 Norway
Tel: 47-22-96-4802 Fax: 47-22-96-4850
E-mail: birgit.k.johansen@veths.no

Janda, Michael
Microbial Diseases Laboratory RM 330,
Dept. of Health Services
2151 Berkeley Way
Berkeley, CA 94704 USA
Tel: 510-540-2242 Fax: 510-540-2374
E-mail: jjanda@hwl.cahwnet.gov

Johnsen, Svein
DYNAL AS
PO Box 158 Skøyen
Oslo, N-0212 Norway
Tel: 22-06-1000 Fax: 22-50-7015
E-mail: svein-erik.Johnsen@dynal.no

Jarvis, Karen
University of Maryland
Center for Vaccine Development
685 W Baltimore St.
Baltimore, MD 21201 USA
Tel: Fax:
E-mail:

Johnson, Wendy
Health Canada, Health Protection Branch
Bureau of Microbiology
Room 240, Health Protection Branch Bldg. 7
Tunney's Pasture
Ottawa, Ontario K1A 0L2 Canada
Tel: 613-957-1356 Fax: 613-941-2408
E-mail: wjohnson@hpb.hnc.ca

Johnson, Roger
Health Canada, Health of Animals Lab
110 Stone Road West
Guelph, N1G 3W4 Canada
Tel: 519-822-3300 Fax: 519-822-2280
E-mail: roger-johnson@inet.hwc.ca

Jones, Nicola
Hospital For Sick Children
555 University Ave.
Toronto, M5G1X8 Canada
Tel: 416-813-6182 Fax: 416-813-6531
E-mail:

Joseph, Sam
University of Maryland at College Park
Dept. of Microbiology
College Park, MD 20742 USA
Tel: 301-405-5452 Fax: 301-314-9489
E-mail: sjb@umail.umd.edu

Kai, Akemi
Tokyo Metropolitan Research Laboratory
of Public Health
3-24-1-, Hyakumin-cho, Shinjuku-ku
Tokyo, 169 Japan
Tel: 81-3-3363-3231 Fax: 81-3-3368-4060
E-mail:

Kaijser, Bertil
University Goteborg Sweden
Department Clinical Bacteriology
Guldhedsgatan 10
Goteborg, 41346 Sweden
Tel: 46-31-604908 Fax: 46-31-410024
E-mail: bertil.kaijser@mic.g-u.se

Kaper, James B.
University of Maryland
Center for Vaccine Development
685 West Baltimore Street
Baltimore, MD 20201-1509 USA
Tel: 410-706-5328 Fax: 410-706-6205
E-mail: jkaper@umppa1.ab.umd.edu

Kaplan, Bruce
USDA/FSIS/OPHS/ Emergency Response Program
Room 3715 Franklin Court
1400 Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-7521 Fax: 202-501-6981
E-mail:

Kaplan, Bernard
Children's Hospital of Philadelphia
34th Street & Civic Center Boulevard
Philadelphia, PA 19106 USA
Tel: 215-590-2449 Fax: 215-590-3705
E-mail:

Karas, Johannis Andreas
Centers for Disease Control
1600 Clifton Road, MailStop C03
Atlanta, GA 30333 USA
Tel: 404-639-3334 Fax: 404-639-3333
E-mail: jkk8@cdc.gov

Karch, Helge
Institut fur Hygiene u. Mikrobiologie der Univ.
Wurzburg
Josef-Schneider- Str. 2, Bau 17
Wurzburg, 97080 Germany
Tel: 931-201-5162 Fax: 931-201-5166
E-mail: hkerch hygiene.uni-wurzburg.de

Karmali, Mohamed
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5994 Fax: 416-813-5993
E-mail: mohamed.karmali@mailhub.sickkids.on.ca

Karpman, Diana
University of Lund
Dept. of Pediatrics
Lund, 22185 Sweden
Tel: 46-46-171000 Fax: 46-46-145459
E-mail: diana.karpman@mmbl.lu.se

Kaspar, Charles W
Food Research Institute, University of Wisconsin
1925 Willow Drive
Madison, WI 53706-1187 USA
Tel: 608-263-6936 Fax: 608-263-1114
E-mail: cwkaspar@facstaff.iwisc.edu

Kavi, Jayendra
Dept. of Medical Microbiology, Ninewells Hospital
and Medical School
Dundee, DDI 95Y Scotland
Tel: 01382-632855 Fax: 01382-641907
E-mail:

Keen, James
USDA, ARS, US Meat Animal Research Center
P.O. Box 166, State Spur 18D
Clay Center, NE 68933 USA
Tel: 402-762-4343 Fax: 402-762-4375
E-mail: jk13114@navix.net

Keene, William
Oregon Health Division
Communicable Disease Section Center for
Epidemiology
800 N.E. Oregon Street, Suite 772
Portland, OR 97232 USA
Tel: 503-731-4024 Fax: 503-731-4798
E-mail:

Kerr, Paul
The Queen University of Belfast
Veterinary Science Division
Stormont, Belfast
Belfast, BT4 3SD N. Ireland
Tel: 44-1232-525-745 Fax: 44-4232-525-694
E-mail:

Keusch, Gerald
New England Medical Center
750 Washington St. Box 041
Boston, MD 02111 USA
Tel: 617-636-7004 Fax: 617-636-5292
E-mail: gtk@es.nemc.org

Khine, Aye Aye
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

Kimmitt, Patrick
University of Newcastle
Dept. of Microbiology
Medical School, Framlington Place
Newcastle upon Tyne, NE2 4HH UK
Tel: 91-222-6000 Fax: 91-222-7736
E-mail: p.t.kimmitt@ncl.ac.uk

Knower, Susan
USDA, FSIS, OPHS, MD
Room 3714 Franklin Court, Suite 1400
Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-6022 Fax: 202-501-6929
E-mail: Susan.Knower@usda.gov

Knutton, Stuart
The University of Birmingham,
Institute of Child Health
The Nuffield Building, Francis Road
Birmingham, BIG 8ET UK
Tel: 44-121-450-6026 Fax: 44-121-454-5383
E-mail: s.knutton@bham.ac.uk

Kofoth, Christina Maria
Institute for Microbiology and Toxicology, Federal
Centre for Meat Research
E.- C.- Baumann-Strabe 20,
Kulmbach, 95326 Germany
Tel: 49-9221-803-235 Fax: 49-9221-803-331
E-mail: 100440.72@comuserv.com

Kohan, Donald
University of Utah Medical Center
Division of Nephrology
Salt Lake City, UT 84132 USA
Tel: 801-585-5219 Fax: 801-585-6884
E-mail:

Konopka, Małgorzata
Sera and Vaccines Central Research Laboratory
30/34 Chelmska Str.
Warsaw, 00-725 Poland
Tel: 48-22-41-3367 Fax: 48-22-41-2949
E-mail:

Kozak, Ken
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Kradolfer, Peter
Federation of Migros Cooperatives
Route de L' Industrie 61
Coutepin, 1784 Switzerland
Tel: 41-26684-3333 Fax: 41-26684-2314
E-mail: peter.Kradolfer@mgb.migros.inet.ch

Kraeutler, Jack
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Kudva, Indira
University of Idaho
Dept. of Microbiology, Molecular Biology &
Biochemistry
Moscow, ID 83844 USA
Tel: 208-885-7892 Fax: 208-885-6518
E-mail:

Kwang, Jimmy
USDA, ARS, US Meat Animal Research Center
P.O Box 166, State Spur 18D
Clay Center, NE 68933 USA
Tel: 402-762-4372 Fax: 402-762-4375
E-mail: sorensen@marcovm.marc.usda.gov

Lincicome, Lisa
New England Medical Center
750 Washington Street
Boston, MD 02111 USA
Tel: 617-636-8418 Fax: 617-636-5292
E-mail: llincico@ofal.tufts.edu

Laegreid, William
USDA, ARS, US Meat Animal Research Center
P.O. Box 166, State Spur 18D
Clay Center, NE 68933 USA
Tel: 402-762-4177 Fax: 402-762-4375
E-mail: laegreid@aux.marc.usda.gov

Lingwood, Clifford
The Hospital for Sick Children
555 University Av.
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

Lanser, Janice
Institute of Medical & Veterinary Science
P.O. Box 14 Rundle Mall
Adelaide, 5000 Australia
Tel: 08-8-222-3385 Fax: 08-8-222-3543
E-mail: jlanser@webmedia.com.au

Lopez, Eduardo
Hospital de Niños "Ricardo Gutierrez"
Guido 2676 Piso 10
Buenos Aires, 1425 Argentina
Tel: 541-963-8705 Fax: 541-961-4671
E-mail: elopez@pccp.com.ar

Levine, Myron
University of Maryland
685 West Baltimore Street
Baltimore, MD 20201 USA
Tel: 410-706-5328 Fax: 410-706-6205
E-mail:

Ludwig, Kerstin
Universitäts-Krankenhaus
Martini Str. 52
Hamburg, 20246 Germany
Tel: 49-40-499163 Fax: 49-40-499163
E-mail:

Lhotova, Hana
National Institute of Public Health, NRL for E. coli
Srobarova 48
Prague, CZ 10, 100 42 Czech Republic
Tel: 04202-67082-533 Fax: 04202-67311-188
E-mail:

Mack, David
University of Nebraska Medical Center
600 South 42nd. Street
Omaha, NE 68198 USA
Tel: 402-354-3560 Fax: 402-559-5163
E-mail: dmärck@unmcvm.unmc.edu

Liddell, Kenneth
Law Hospital
Carlisle, Lanarkshire
ML8 5ER UK
Tel: 011-44-1698-361100 Fax: 1698-376671
E-mail:

Mackenzie, Andrew
Canadian Pediatric Kidney Disease Research Centre
401 Smyth Road
Ottawa, K1H 8L1 Canada
Tel: 613-737-4098 Fax: 613-737-4800
E-mail: orrbine@travel-net.com

Lieske, Ruediger
Hiss Diagnosstics GmbH
Colombistr. 27
Freiburg, 79098 Germany
Tel: 49-761-2020062 Fax: 49-761-2020066
E-mail:

Maguire, Peter
Dynal (UK) Ltd.
10 Thursry Road, Croft Business Park
Bromborough, Wirral L62 3PW England
Tel: 0151-346-1234 Fax: 0151-346-1223
E-mail:

Majkowski, Jesse W.
USDA/FSIS/OPHS/ Emergency Response Program
Room 3715 Franklin Court
1400 Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-7521 Fax: 202-501-6981
E-mail:

Malick, Adrien
Becton Dickinson
250 Shilling Circle
Cockeysville, MD 2163 USA
Tel: 410-584-8745 Fax: 410-584-8760
E-mail:

Mangan, Kevin
Denka Seiken Co. Ltd.
3-4-2 Nihombashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Marchant, Colin
University of Massachusetts Biologic Laboratories
305 South Street
Boston, MA 02130-3597 USA
Tel: 617-983-6414 Fax: 617-983-9081
E-mail:

Mascarhenas, Mariola
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5990 Fax: 416-813-5993
E-mail:

Matise, Ilse
Iowa State University
Veterinary Medical Research Institute
1802 Elwood Drive
Ames, IA 50011 USA
Tel: 515-294-7660 Fax: 515-294-8500
E-mail: imatise@iastate.edu

McCleery, David
The Queen's University of Belfast
Food Science Division (Food Microbiology)
Newforge Lane
Belfast, BT9 5PX Northern Ireland
Tel: 01232-255459 Fax: 01323-668-376
E-mail:

McGrath, Donnie
New England Medical Center
750 Washington Street
Boston, MD 02111 USA
Tel: 617-636-7001 Fax: 617-636-5292
E-mail:

McIver, James
University of Massachusetts Biologic Laboratories
305 South Street
Boston, MA 02130-3597 USA
Tel: 617-983-6410 Fax: 617-983-9081
E-mail:

McLaine, Peter
Canadian Pediatric Kidney Disease Research Centre
401 Smyth Road
Ottawa, Ontario Canada
Tel: 613-737-2572 Fax: 613-738-4800
E-mail:

Mead, Paul
Centers for Disease Control
1600 Clifton Road
Atlanta, GA 30333 USA
Tel: 404-639-2206 Fax: 404-639-2205
E-mail:

Melton- Celsa, Angela
Uniformed Services University of
The Health Sciences
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-3421 Fax: 301-295-1545
E-mail: melton@usuhs.usuhs.mil

Meng, Jianghong
University of Maryland
3304 Marie Mount Hall
College Park, MD 20742 USA
Tel: 301-405-1399 Fax: 301-314-9327
E-mail: jm332@mail.umd.edu

Menge, Christian
University of Giessen
Institute for Hygiene and Infectious
Diseases of Animals
Frankfurter Str. 89
Giessen, 35392 Germany
Tel: 0049-641-99-38303 Fax: 0049-641-99-38309
E-mail: christian.menge@vetmed.uni-giessen.

Mermin, Jonathan
Centers for Disease Control
1600 Clifton Road MS A38
Atlanta, GA 30333 USA
Tel: 404-639-2206 Fax: 404-639-2205
E-mail: jhm7@cdc.gov

Montaraz, Juan
Facultad de Estudios Superiores—Cuautitlan UNAM
Av 1er. de Mayo S/N Colonia Atlanta
Cuautitlan Izcalli, 54700 Mexico
Tel: 525-623-2027 Fax: 525-873-0834
E-mail: montaraz@servidor.unam.mx

Meyers, Kevin
The Children's Hospital of Philadelphia
34th Street and Civic Center Boulevard
Drexel Hill, PA 19026 USA
Tel: 215-590-2469 Fax: 215-590-3705
E-mail: kmeyers@rehd.upenn.ned.edu

Moon, Harley
Iowa State University Veterinary Medical
Research Institute
1802 Elwood Drive
Ames, IA 50011 USA
Tel: 515-294-7645 Fax: 515-294-1401
E-mail: hwmoon@iastate.edu

Michel, Pascal
Health Canada
110 Stone Road W
Guelph, NIG 3W4 Canada
Tel: 519-822-3300 Fax: 519-822-2280
E-mail:

Moore, Gerald
Oxoid Inc
217 Colonnade Road
Nepean, K2E 7K3 Canada
Tel: 613-226-1318 Fax: 613-226-3728
E-mail:

Michino, Hideshi
Ministry of Health and Welfare
1-2-2 Kasumigaseki Chiyoda
Tokyo, 100-45 Japan
Tel: 81-3-595-2326 Fax: 81-3-503-7965
E-mail: hm-dqt@mhw.go.jp

Motto, Bill
Meridian Diagnostics, Inc.
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Milford, David
Birmingham Children's Hospital
Ladywood Middleway, Ladywood
Birmingham, B16 8ET UK
Tel: 44121-454-4851 Fax: 44121-454-4697
E-mail:

Much, Peter
University of Veterinary Medicine, Bacteriology
Josef Baumanngasse 1
Vienna, 1210 Austria
Tel: 43-1-603-6204 Fax: 43-1-879-2264
E-mail:

Miller, Peter
Embassy of Australia
1601 Massachusetts Ave. NW
Washington, DC 20036 USA
Tel: 202-797-3319 Fax: 202-797-3238
E-mail: peter.miller@dfat.gov.au

Murase, Toshiyuki
Kanagawa Prefectural Public Health Laboratory
Nakao 1-1-1, Asahi-ku
Yokohawa, 241 Japan
Tel: 81-45-363-1030 Fax: 81-45-363-1037
E-mail:

Monnens, Leo
University Hospital Nijmegen
Dept. Pediatric Nephrology
PO Box 9101
Nijmegen, 6500 The Netherlands
Tel: 31-24-361-6862 Fax: 31-24-361-6428
E-mail:

Mylvaganam, Murugesapillai
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

Narrow, Wade
University of Rochester
Box 672, 601 Elmwood Avenue
Rochester, NY 14642 USA
Tel: 716-275-0433 Fax: 716-473-9573
E-mail:

Nataro, James
University of Maryland School of Medicine
685 W. Baltimore St.
Baltimore, MD 21201 USA
Tel: 410-706-8442 Fax: 410-706-6205
E-mail: Jnataro@umabnet.ab.umd.edu

Natori, Yasuhiro
Research Institute, International Medical
Center of Japan
1-21-1 Toyama, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3202-7181 Fax: 81-3202-7364
E-mail: natoriya@imcj.go.jp

Neill, Marguerite
Brown University School of Medicine
Memorial Hosp. Division of Infectious Disease
111 Brewster St.
Pawtucket, RI 02860 USA
Tel: 401-729-2534 Fax: 401-729-2795
E-mail: marguerite -Neil @brown.edu

Neill, Roger
WRAIR (Walter Reed Army Int. of Research)
14th and Palilia Str. Bldg. 40, Room 1051
Washington, DC 20307-5100 USA
Tel: 202-782-4411 Fax: 202-782-4318
E-mail: dr._roger_neill@wrsmtpt.ccmail.armymil

Ness, Vigfrid
Dynal Microbiology R&D
NVH; P.O. Box 8146 Dep
Oslo, N- 0033 Norway
Tel: 47-22-96-48-08 Fax: 47-22-96-48-14
E-mail: vigfrid.ness@veths.no

Newland, John
WRAIR (Walter Reed Army Int. of Research)
14th and Palilia Str. Bldg. 40, Room 1051
Washington, DC 20307-5100 USA
Tel: 202-782-4596 Fax: 202-782-3299
E-mail:
dr._John_Newland@wrsmtpt_ccmail.armymil

Nicholls, Larissa
Royal Children's Hospital
Dept of Microbiology
Parkville, VIC 3052 Australia
Tel: 61-39345-5734 Fax: 61-39345-5764
E-mail:

Nicoletti, Pier Luigi
Ospedale Careggi
Laboratorio Bacteriologia e Virologia
Via della Ouiate, 8
Firenze, 50141 Italy
Tel: 02-468795 Fax: 02-468942
E-mail:

Nishikawa, Yoshikazu
Osaka City Institute of Public Health &
Environmental Sciences
8-34-, Tojo-Cho, Tennoji-ku
Osaka, 543 Japan
Tel: 81-6-771-3148 Fax: 81-6-772-0676
E-mail: ynishikw@highway.or.jp

Nutikka, Anita
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-5998 Fax: 416-813-5993
E-mail: cling@sickkids.on.ca

O' Brien, Rebecca
Royal Children's Hospital
Dept of Microbiology
Parkville, VIC 3052 Australia
Tel: 61-39345-5754 Fax: 61-39345-5764
E-mail:

O' Brien, Alison
Uniformed Services University of
The Health Sciences
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-1545 Fax: 301-295-1545
E-mail: obrien@usuhs.usuhs.mil

Obrig, Tom
University of Rochester
601 Elmwood Ave.
Rochester, NY 14642 USA
Tel: 716-275-6634 Fax: 716-473-9573
E-mail: tomo@medinfo.rochester.edu

Ogasawara, Jun Osaka City Institute of Public Health & Environmental Sciences 8-34-, Tojo-Cho, Tennōji—ku Osaka, 543 Japan Tel: 81-6-771-3148 Fax: 81-6-772-0676 E-mail:	Philpott, Dana Hospital For Sick Children 555 University Ave. Toronto, M5G1X8 Canada Tel: 416-813-6182 Fax: 416-813-6531 E-mail:
Orrbine, Elaine Canadian Pediatric Kidney Disease Research Centre 401 Smyth Road Ottawa, Ontario Canada Tel: 613-737-4098 Fax: 613-738-4800 E-mail: orribine@travel-net.com	Piacentini, Italo Azienda Ospedaliera di Verona Servizio di Microbiologia P. le Stefani, 1 Verona Bogo Trento, 37125 Italy Tel: Fax: E-mail:
Osterholm, Michael Minnesota Dept. of Health 717 Delaware St. SE Minneapolis, MN 55414 USA Tel: 612-623-5414 Fax: 612-623-3743 E-mail:	Pierard, Denis Akademisch Ziekenhuis Vrije Universiteit Brussel (AZVUB) Laarbeeklaan 101 Brussels, B 1090 Belgium Tel: 32-2477-5002 Fax: 32-2477-5015 E-mail: labomicro@az.vub.be
Park, Choong Fairfax Hospital Laboratory 3300 Gallows Road Falls Church, VA 22042 USA Tel: 703-698-3412 Fax: 703-280-3806 E-mail:	Piva, Iriane University of Brasilia Campus Universitario, Dept. Biologia Celular Brasilia, 70-910-900 Brazil Tel: 55-61-348-2176 Fax: E-mail: piva@guarany.cpd.unb.br
Parry, Sharon Maree Public Health Laboratory Service Abton House, Wedal Road Cardiff, CF4 3QX UK Tel: 44-1222-521997 Fax: 44-1222-521987 E-mail:	Pohjanvirta, Tarja National Veterinary and Food Research Institute P.O Box 92 Kuopio, 70701 Finland Tel: 358-17-201-451 Fax: 358-17-201-459 E-mail: tarja.pahjanvirta@eeb.elisa.fi
Paton, James C Molecular Microbiology Unit, Women's and Children's Hospital King William Rd. North Adelaide, S.A. 5006 Australia Tel: 61-8-8204-6302 Fax: 61-8-8204-6051 E-mail: patonj@wch.sa.gov.au	Polata, Renzo Becton Dickinson Italia S.P.A. Via Caldera, 21 Milano, 20453 Italy Tel: Fax: E-mail:
Phillips, Alan University Dept. of Pediatrics Gastroenterology Royal Free Hospital , Pond Street London, NW3 2QG UK Tel: 0171-830-2783 Fax: 0171-830-2146 E-mail: adphill@rfhsn.ac.uk	Porretta, Mary USDA/FSIS/OPHS/ Emmergency Response Program Room 3715 Franklin Court 1400 Independence Ave, SW Washington, DC 20250-3700 USA Tel: 202-501-7515 Fax: 202-501-6981 E-mail:

Prado, Valeria
University of Chile
Dept. of Microbiology, Faculty of Medicine
Av. Condell 303 Providencia
Santiago, Correo 9 Chile
Tel: 562-204-5460 Fax: 562-204-5460
E-mail: vprado.machi.med.uchile.cl

Pulimood, Anna
Christian Medical College & Hospital Vellore
Dept. of Gastrointestinal Sciences CMSCN
Vellore, Tamil Nadu 632-004 India
Tel: 22102 Fax: 91-416-32035
E-mail: rama@gastro.cmc.ernet.in

Pypers, Antonetta
University Hospital Nijmegen
Geert Grooteplein 20
Nijmegen, 6500 HB The Netherlands
Tel: 31-243-616072 Fax: 31-243-616428
E-mail:

Rafter, David
Synsorb Biotech, Inc.
201, 1204 Kensington Rd. N.W.
Calgary, Alberta T2N 3P5 Canada
Tel: 403-283-5900 Fax: 403-283-5907
E-mail: sybir@cybersurf.net

Ray, Patricio
Children's Research Institute
R-211 111 Michigan Ave. NW
Children's National Medical Ctr.
Washington, DC 20010 USA
Tel: 202-884-2912 Fax: 202-884-4477
E-mail: pray@cnmc.org

Rehbinder, Verena
National Veterinary Institut
Dept. of Antibiotics
P.O Box 7073
Uppsala, S-750 07 Sweden
Tel: 46-18-674000 Fax: 46-18-309162
E-mail:

Reilly, William J.
Scottish Centre for Infection & Environmental Health
Ruchill Hospital
Glasgow, G 20 9NB Scotland
Tel: 0141-946-7120 Fax: 0141-946-4359
E-mail: breilly@scieh.tcom.co.uk

Richter, Heinz
Bundesinstitut fur gesundheitlichen Verbraucherschutz
u. Vet. Med
Jahnstr. 8 Postfach 2226
Dessau, 06818 Germany
Tel: 0340-64000120 Fax: 0340-64000281
E-mail:

Rivas, Marta
Servicio de Fisiopatogenia Instituto
Av. Diaz Velez Sarsfield 563
Buenos Aires, 1281 Argentina
Tel: 54-1-303-1801 Fax: 54-1-303-1801
E-mail:

Rizzoni, Gianfranco
Children's Research Hospital Bambino Gesu
Piazza S. Onofrio 4
Roma, 00165 Italy
Tel: 39-6-6859-2126 Fax: 39-6-6859-2602
E-mail: rizzoni@itcaspur.caspur.it

Roberts, Tanya
Economic Research Service/USDA
ERS Room 1108, 1301 New York Ave
Washington, DC 20005-4788 USA
Tel: 202-219-0857 Fax: 202-219-1252
E-mail: tanyar@econ.ag.gov

Roberts, Jeff S.
Oxoid Inc
217 Colonnade Road
Nepean, K2E 7K3 Canada
Tel: 613-226-1318 Fax: 613-226-3728
E-mail:

Robins-Browne, Roy
Royal Children Hospital
Flemington Road
Parkville, Victoria 3052 Australia
Tel: Fax: 61-3-9345-5765
E-mail:

Rogers, James
Uniformed Services University of
The Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814 USA
Tel: 301-295-3405 Fax: 301-295-1545
E-mail: rogers@usuhs.usuhs.mil

Rose, Bonnie
USDA, FSIS, OPHS, MD
Room 3714 Franklin Court,
1400 Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-7565 Fax: 202-501-6929
E-mail: Bonnie.Rose@usda.gov

Rose, Peter
South Warwickshire General Hospital
Lakin Road
Warwick, CV34 5BJ UK
Tel: 44-926-495321 Fax:
E-mail:

Rowe, Michael
Food Microbiology Unit
Food Science Division
Newforge Lane
Belfast, BT9 5PX N Ireland
Tel: 232-255291 Fax: 232-255300
E-mail: roweM@dani.gov.uk

Rowe, Peter
Johns Hopkins University School of Medicine
Brady 212; Johns Hopkins Hospital, 600 N. Wolfe St.
Baltimore, MD 21287 USA
Tel: 410-955-9229 Fax: 410-614-9308
E-mail: prowe@welchlink.welch.jhu.edu

Saari, Marjut
National Public Health Institute of Finland
Mannerheimintie 166
Helsinki, 00300 Finland
Tel: 358-9-4744304 Fax: 358-9-4744238
E-mail: marjut.saari@ktl.fi

Sakiri, Ramesh
Dept. of Medical Microbiology and Immunology,
Texas A&M University
Reynolds Medical Center
College Station, TX 77843 USA
Tel: 409-845-3213 Fax: 409-845-3479
E-mail: ramesh@tamu.edu

Salmon, Roland Laurance
Public Health Laboratory Service
Aston House, Wedal Road
Cardiff, CF4 3OX UK
Tel: 44-1222-521997 Fax: 44-1222-521487
E-mail:

Sanchez, Corine
Soredab
La Tremblaye
La Boissiere Ecole, 78125 France
Tel: 134-85-0900 Fax: 134-85 0901
E-mail:

Sanders, Chris
Denka Seiken Co. Ltd.
3-4-2 Nihonbashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Sandvig, Kirsten
Inst. for Cancer Research
The Norwegian Radium Hospital
Montebello
Oslo, 0310 Norway
Tel: 47-2293-4294 Fax: 47-2250-8692
E-mail: ksandvig@eadium.uio.no

Sato, Seiya
Denka Seiken Co. Ltd.
3-4-2 Nihonbashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Savage, Caroline
University of Birmingham
CCRIS, The Medical School University of
Birmingham
Birmingham, B15 2TT U.Kingdom
Tel: 121-414-7042 Fax: 121-414-6840
E-mail: c.o.s.savage@bham.ac.uk

Scagnelli, Mariuccia
Ospedale S. Bortolo
Laboratorio di Microbiologia
Via Ridolfi
Vicenza, 36100 Italy
Tel: Fax:
E-mail:

Scheutz, Flemming
International Escherichia & Klebsiella Centre (WHO)
Statens Serum Inst.
Artilleri 5
Copenhagen, 2300 Denmark
Tel: 45-3268-3334 Fax: 45-3268-3036
E-mail:

Schmid, Douglas
University of Utah
5973 S. Tarragon CT
Salt Lake City, UT 84118 USA
Tel: 801-969-6316 Fax: 801-585-6884
E-mail: dschmid@genetics.utah.edu

Schmidt, Herbert
Universitat Wurzburg
CANCELLATION
Institut für Hygiene und Mikrobiologie
Wurzburg, D-97080 Germany
Tel: 49-931-201-5160 Fax: 49-931-2013445
E-mail:

Schmitt, Clare
Uniformed Services University of
The Health Sciences
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-3405 Fax: 301-295-3773
E-mail: schmitt@usuhsb.usuhs.mil

Schreiber, Edgar
PE Applied Biosystems
850 Lincoln Centre Drive
Foster City, CA 94404 USA
Tel: 415-638-6176 Fax: 415-638-6333
E-mail: schreied@perkin-elmer.com

Scott, Maria
Uniformed Services University of
The Health Sciences
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-3405 Fax: 301-295-3773
E-mail: scott@usuhsb.usuhs.mil

Sears, Cynthia
Johns Hopkins University School of Medicine
720 Rutland Ave, Ross Building Room 933
Baltimore, MD 21205 USA
Tel: 410-955-9680 Fax: 410-955-9677
E-mail: csears@welchlink.welch.jhu.edu

Sherman, Phil
Hospital for Sick Children, University of Toronto
555 University Avenue
Toronto, Ontario M5G 1X8 Canada
Tel: 416-813-6185 Fax: 416-813-6531
E-mail: sherman@sickkids.on.ca

Shibuya, Toyohiko
Denka Seiken Co. Ltd.
3-4-2 Nihonbashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Shimizu, Takeshi
Research Institute International Medical
Center of Japan
1-21-1, Toyama, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3-3202-7181 Fax: 81-3-3202-7364
E-mail: kshimizu@imcj.go.jp

Siebler, Richard
University of Utah School of Medicine
Dept of Pediatrics Div of Nephrology & Hypertension
50 N Medical Drive
Salt Lake City, UT 84132 USA
Tel: 801-581-7609 Fax: 801-581-8043
E-mail: dick.siebler@hsc.utah.edu

Simmons, Norman
Guys Hospital, London
64 Ladbrooke Drive
Potters Bar, Herts EN6 1QW UK
Tel: 44-171-407-1654 Fax: 44-171-357-8711
E-mail: 106474.535@compuserv.com

Simon, Matthias
University of Texas Health Science Center
at San Antonio
7703 Floyd Curl Drive, Division of Nephrology
San Antonio, TX 78284-7882 USA
Tel: 210-567-4700 Fax: 210-567-4712
E-mail: milamc@uthscsa.edu

Slutske, Laurence
Centers for Disease Control
1600 Clifton Road
Atlanta, GA 30333 USA
Tel: 404-639-2206 Fax: 404-639-2205
E-mail:

Smith, Henry
Public Health Laboratory Service
61 Colindale Avenue
London, NW9 SHT UK
Tel: 0181-200-4400 Fax: 0181-905-9929
E-mail:

Smith, Steve
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Smith, Alan
University of Rochester
Box 672, 601 Elmwood Avenue
Rochester, NY 14642 USA
Tel: 716-275-0433 Fax: 716-473-9573
E-mail:

Soderberg, David
USDA, FSIS, OPHS EIB
Rm. 6912 Franklin Court Suite 1400
Independence Ave, SW
Washington, DC 20250-3700 USA
Tel: 202-501-7358 Fax: 202-501-7639
E-mail:

Soni, Rohini
Hospital For Sick Children
555 University Ave.
Toronto, M5G1X8 Canada
Tel: 416-813-6182 Fax: 416-813-6531
E-mail: rohini.soni@mailhub.sickkids.on.ca

Spika, John
Health Canada
Center for Disease Control
P.O. 0603E1, Tonney's Pasture Laboratory
Ottawa, K1A 0L2 Canada
Tel: 613-957-4243 Fax: 613-941-7708
E-mail: john-spika@inet.hwc.ca

Stewart, Alastair
ID Unit Monklands Hospital, Ardrie
Monkscourt Ave
Scotland, ML6 OJS UK
Tel: 01236-748748 Fax:
E-mail:

Stohr, Klaus
World Health Organization
Avenue Appia
Geneva, 1120 Switzerland
Tel: 41-22-791-2529 Fax: 41-22-791-4893
E-mail: stohrk@who.ch

Storrs—Mabilat, Michele
408 Chemin Pierre Drevet
Rillieux-La-Pape, 69140 France
Tel: 33-4-7808-5710 Fax: 33-4-7808-5710
E-mail: mstnism@hotmail.fr

Strockbine, Nancy
Center for Disease Control
Mail Stop CO3 1600 Clifton Road
Atlanta, GA 30333 USA
Tel: 404-639-3334 Fax: 404-639-3333
E-mail:

Stumpfle, Peter
Robert Koch-Institut
Am Nordufer 20
Berlin, D-13353 Germany
Tel: 030-452-3528 Fax:
E-mail: beutinl@rki.de

Sugiyama, Junichi
Denka Seiken Co. Ltd.
3-4-2 Nihonbashi-Kayabacho, Chuo-ku
Tokyo, 103 Japan
Tel: 81-3-3669-9421 Fax: 81-3-3669-9390
E-mail:

Suhan, Michelle
University of Idaho
Dept. of Microbiology, Molecular Biology &
Biochemistry
Moscow, Idaho 83844 USA
Tel: 208-885-7892 Fax: 208-885-6518
E-mail: msuhan@marvin.csrv.uidaho.edu

Symmons, Peter
Deutsche Dynal
Schoartar 1
Hamburg, 20459 Germany
Tel: 40-366811 Fax: 40-366040
E-mail: ddynal@t-online.de

Szu, Shousun
NIH National Institute of Health & Development
Bethesda, MD 20892 USA
Tel: 301-496-4525 Fax: 301-402-9108
E-mail: sczu@helix.nih.gov

Takahashi, Neishi
Nagaoka National College of Technology
888 Nishikatakai
Nagaoka, 940 Japan
Tel: 258-34-9218 Fax: 258-34-9218
E-mail:

Takatorige, Toshio
Osaka University Medical School
Dept. of Public Health
2-2 Yamada Oka Saita City
Saita City, Osaka 565 Japan
Tel: 81-6-879-3911 Fax: 81-6-879-3919
E-mail: tori@pbhel.med.oska.u-ac.jp

Takeda, Tae
National Children's Medical Research Center
3-35-31, Taishido, Setagaya-ku
Tokyo, 154 Japan
Tel: 81-3-3414-8121 Fax: 81-3-3414-3208
E-mail:

Takeda, Yoshifumi
Research Institute, International
Medical Center of Japan
1-21-1 Toyama, Shijuku
Tokyo, 162 Japan
Tel: 81-3-5273-6844 Fax: 81-3-3002-7364
E-mail:

Tarr, Philip
Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105 USA
Tel: Fax:
E-mail:

Tauxe, Robert
Enteric Disease Branch
Mailstop C09
Atlanta, GA 30333 USA
Tel: Fax:
E-mail:

Taylor, Mark
The Birmingham Children's Hospital
Kadywood Middleway
Ladywood, B16 8ET UK
Tel: 0121-454-4851 Fax: 0121-456-4697
E-mail:

Teel, Louise
USUHS/ Microbiology
4301 Jones Bridge Road
Bethesda, 20814 USA
Tel: 301-295-3421 Fax:
E-mail:

Tesh, Vernon
Texas A&M University Health Science Center
Dept. of Medical Microbiology & Immunology
407 Reynolds Medical Building
College Station, Texas 77843 USA
Tel: 409-845-1313 Fax: 409-845-3479
E-mail: tesh@medicine.tamu.edu

Tetsuya, Iida
Dept. Bacterial Infections, Research Institute for
Microbial Disease
3-1 Yamada- Oka Saita
Osaka, 565 Japan
Tel: 81-6-879-8276 Fax: 81-6-879-8277
E-mail: iida@biken.osaka-u.ac.jp

Theno, David
Foodmaker, Inc.
9330 Balboa Ave
San Diego, CA 92123 USA
Tel: 619-571-2322 Fax: 619-571-2116
E-mail:

Thomson-Carter, Fiona
Scottish Reference Lab. for E. Coli 0157
Dept. Medical Microbiology
Forester Hill
Aberdeen, AB 25 2ZD Scotland
Tel: 01224-663123 Fax: 01224-685604
E-mail: f.thomsoncarter@abdn.ac.uk

Thorpe, Cheleste
New England Medical Center
750 Washington Street
Boston, MD 02111 USA
Tel: 617-636-8418 Fax: 617-636-5292
E-mail: cheleste.thorpe@es.nemc.org

Tkalcic, Suzana
University of Georgia
Dept. of Veterinary Pathology
College of Veterinary Medicine
Athens, GA 30602 USA
Tel: 706-542-5848 Fax: 706-542-5828
E-mail: sttkalcic@calc.vte.uga.edu

Todd, W T Andrew
ID Unit Monklands Hospital
Ardrie Lanarkshire
Scotland, ML6 OJS UK
Tel: 01236-746120 Fax: 01236-760015
E-mail:

Urabi- Bajallan, Iftikhar
University of Warwick
Department of Biological Sciences
Conventry, CV4 7AL UK
Tel: 01203-523523 Fax: 01203-523701
E-mail:

Tozzi, Alberto
Istituto Superiori Di Sanita
Viale Regina Elena, 299
Rome, 00161 Italy
Tel: 396-49902 Fax: 396-493872-92
E-mail:

Vaiani, Robero
Fonsazzone Centro S. Raffaele Del Monte Tabor
Laboratorio di Microbiologia
Via Olgettina, 60
Milano, 20132 Italy
Tel: Fax:
E-mail:

Trabulsi, Luis
Universidade Sao Paulo
Av. Professor Lineu Prestes, 1374
Sao Paulo, 05508-900 Brazil
Tel: 55-011-818-7448 Fax: 55-011-818-7448
E-mail: trabulsi@usp.br

Valvidia Anda, Guillermo
Universidad Nacional Autonoma de Mexico UNAM
Facultad de Estudios Superiores Cuautitlan UNAM
Carretera Cuautitlan Teoloyucan s/n
Cuautitlan Izcalli, 54800 Mexico
Tel: 91-5-25-8724646 Fax: 91-5-25-6231842
E-mail: valdiviag@servidor.unam.mx

Tran, Mark
University of Rochester
Box 672, 601 Elmwood Avenue
Rochester, NY 14642 USA
Tel: 716-275-0433 Fax: 716-473-9573
E-mail:

Van de Giessen, Arjen
National Institute of Public Health
Antonie Van Leeuwenhoeklaan 9
Bilthoven, 3720 BA The Netherlands
Tel: 31-302-742816 Fax: 31-302-744434
E-mail: arjen.van.de.giessen@rium.nl

Trevena, W. Barrie
Kerrier District Council
Dolloath Avenue
Camborne, Cornwall TR14 85X UK
Tel: 01209-712941 Fax: 01209-71-8170
E-mail: ceo@kerrier.gov.uk

Van den Heuvel, Lambertus
Academic Hospital Nijmegen
Dept. of Pediatrics
PO Box 9101
Nijmegen, 6500 HB The Netherlands
Tel: 31-24-361-7983 Fax: 31-24-361-6428
E-mail:

Tschape, Helmut
Robert Koch-Institute, Branch Warnigerode
Burgstrasse 37
Wernigerode, 38855 Germany
Tel: 03943-679237 Fax: 03943-679207
E-mail: tschapeh@rki.de

Van Setten, Petra
University Hospital Nijmegen
Geert Grooteplein 20
Nijmegen, 6500 HB The Netherlands
Tel: 31-243-616072 Fax: 31-243-616428
E-mail: pvansetten@ckskg@azn.nl

Uchida, Hiroshi
National Children's Medical Research Center
3-35-31, Taishido, Setagaya-ku
Tokyo, 154 Japan
Tel: 81-3-3414-8121 Fax: 81-3-3414-3208
E-mail:

Vernozy- Rozand, Christine
Ecole Veterinaire Lyon
1 Avenue Baugelat
Marcy l' Etoile, 69280 France
Tel: 33-478-8725-53 Fax: 33-478-8725-54
E-mail:

Villar, Jose Maria
University of Leon (Spain)
Facultad de Veterinaria, Dpto. Biología
Celular y Anatomía
Leon, 24071 Spain
Tel: 34-87-291-275 Fax: 34-87-291-276
E-mail: dsassr@isidoro.unileon.es

Vold, Line
The Norwegian College of Veterinary Medicine
P.O Box 8146 Dep
Oslo, N-0033 Norway
Tel: 47-22-96-4830 Fax: 47-22-96-4850
E-mail: line.vold@veths.no

Wachtel, Marian
Uniformed Services University of
The Health Sciences
Dept of Microbiology
4301 Jones Bridge Rd
Bethesda, MD 20814 USA
Tel: 301-295-3421 Fax: 301-295-1545
E-mail: wachtel@usuhs.usuhs.mil

Wada, Akihito
National Institute of Health
Tayama 1-2-3-1, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3-5285-1111 Fax: 81-3-5285-1163
E-mail: awada@nih.go.jp

Walbrun, Todd
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Wasteson, Yngvild
Norwegian College of Veterinary Medicine
P.O Box 8146 Dep
Oslo, 0033 Norway
Tel: 47-22964801 Fax: 47-22964850
E-mail: yngvild.wasteson@

Watarai, Masahisa
Research Institute International
Medical Center of Japan
1-21-1, Toyama, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3-3202-7181 Fax: 81-3-3202-7364
E-mail: watarai@imcj.go.jp

Weaver, Jeremy
The Queen's University of Belfast
Dept. of Food Microbiology
Newforge Lane
Belfast, BT9 5PX Northern Ireland
Tel: 232-240503 Fax: 232-311416
E-mail:

Wells, Joy
Center for Disease Control
Mail Stop CO3 1600 Clifton Road
Atlanta, GA 30333 USA
Tel: 404-639-3334 Fax: 404-639-3333
E-mail: jgw1@cdc.gov

Weltman, Andre
PA Dept. of Health
PO Box 90 Room 909
Harrisburg, PA 17108 USA
Tel: 717-787-3350 Fax: 717-772-6975
E-mail: acw@wonder.em.cdg.gg

Wethington, Ric
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Wieler, Lothar H.
University of Giessen
Institute for Hygiene and Infectious
Diseases of Animals
Frankfurter Str. 89
Giessen, D 35392 Germany
Tel: 0049-641-99-38310 Fax: 0049-641-99-38309
E-mail: lothar.h.wieler@vetmed.uni-giessen.de

Williams, Julie
Birmingham Children's Hospital
Ladywood Middleway, Ladywood
Birmingham, B16 8ET UK
Tel: 44121-454-4851 Fax: 44121-454-4697
E-mail:

Wolf, Lucas
New England Medical Center
750 Washington Street
Boston, MD 02111 USA
Tel: 617-636-8418 Fax: 617-636-5292
E-mail: lucas.wolf@es.nemc.org

Xin-He, Lai
UMEA University
Dept. of Microbiology
UMEA, S-901 87 Sweden
Tel: 46-90-785-6735 Fax: 46-90-772630
E-mail: lai.x-h@micro.umu.se

Yoshida, Shin-ichi
University of Occupational and Environmental Health
Dept of Microbiology, School of Medicine
Kitakyushu, 807 Japan
Tel: 81-93-691-7242 Fax: 81-93-602-4799
E-mail: yoshida@med.oueh-u.ac.jp

Yamada, Yoji
University of Occupational and Environmental Health
Dept of Microbiology, School of Medicine
Kitakyushu, 807 Japan
Tel: 81-93-691-7242 Fax: 81-93-602-4799
E-mail:

Yoshikawa, Kazuyuki
National Children's Medical Research Center
3-35-31, Taishido, Setagaya-ku
Tokyo, 154 Japan
Tel: 81-3-3414-8121 Fax:
E-mail:

Yamamoto, Koichiro
Research Institute for Microbial Disease
Yamada- Oka 3-1 Suita
Osaka, 565 Japan
Tel: 81-6-897-8276 Fax: 81-6-879-8277
E-mail: yamak@biken.osaka-u.ac.jp

Yoshino, Kenichi
National Children's Medical Research Center
Taishido 3-35-31, Setagaya-ku
Tokyo, 154 Japan
Tel: 81-3-3414-8121 Fax: 81-3-3411-7308
E-mail: unirinka@nch.go.jp

Yamamoto, Tatsuo
International Medical Center of Japan
Research Institute
1-21-2 Toyama, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3-3202-7181 Fax: 81-3-3202-7364
E-mail:

Zepeda, Hector
CIADAC
Hermosillo, Sonora
83200 Mexico
Tel: 62-80-00-57 Fax: 62-80-00-58
E-mail: mdiaz@cascabel.ciad.mx

Yamasaki, Shinji
Research Institute International Medical
Center of Japan
1-21-1, Toyama, Shinjuku-ku
Tokyo, 162 Japan
Tel: 81-3-3202-7181 Fax: 81-3-3202-7364
E-mail: shinji@imcj.go.jp

Zhao, Tong
Center for Food Safety and Quality Enhancement,
University of Georgia
Georgia Experiment Station
Griffin, GA 30223 USA
Tel: 770-412-4746 Fax: 770-229-3216
E-mail: tzhao@gaes.griffin.peachnet.edu

Yaneey, Denise
Becton- Dickinson
250 Schilling Circle
Cockysville, MD 21030 USA
Tel: 410-771-0100 Fax: 410-584-8123
E-mail:

Zhao, Shaohua
University of Maryland
3304 Marie Mount Hall
College Park, MD 20742 USA
Tel: 301-405-4516 Fax: 301-314-9327
E-mail:

Yi, Arthur
Meridian Diagnostics, Inc
3471 River Hills Drive
Cincinnati, OH 45244 USA
Tel: 513-271-3700 Fax: 513-272-5432
E-mail:

Zimmerhackl, Lothar Bernd
Albert Ludwigs University
Dept. of Pediatrics
Mathilden Str.
Freiburg, D- 79106 Germany
Tel: 49-761-270-4309 Fax: 49-761-270-4407
E-mail: hacke@kkl200.ukl.uni-freiburg.d

Notes

Notes

Notes

Notes

Notes

Notes

Notes

Notes

Notes
